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REPORT

OF THE

COMMISSION ON THE RELIEF

OF THE

SICK AND DESTITUTE POOR,

INCLUDING THE INSANE POOR.

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Le ceannach trí MESSRS. EASON AND SON, LTD., 40 agus 41 Sráid
Baile Atha Cliath.
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Dublin.
1927

(38767).D606.Wt.518/191l.8.1000.9/27.W.P.W.Ltd.2

COMMISSION ON THE RELIEF OF THE SICK AND DESTITUTE POOR.

(*Appointed on the 19th March*, 1925.)

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COMMISSION ON THE RELIEF OF THE SICK AND DESTITUTE POOR.

TERMS OF REFERENCE.

With the object of devising permanent legislation for the effective and economical relief of the sick and destitute poor, to inquire into the laws and administration relating thereto and particularly as regards the following matters :—

1. To inquire into the adequacy and suitability of schemes which have been formulated under the Local Government (Temporary Provisions) Act, 1923, and make recommendations.

2. To advise as to whether the existing Law and Regulations as regards Home Assistance require alteration towards securing that due provision is made for the sick and destitute poor in their own homes without avoidable wasteful expenditure on healthy persons who are incorrigibly idle.

3. To examine the law and administration affecting the relief of the following destitute classes and to make recommendations :

   (*a*) Widows and their children.
   (*b*) Children without parents.
   (*c*) Unmarried mothers and their children.
   (*d*) Deserted children.

4. To inquire into the existing provision in public institutions for the care and treatment of mentally defective persons and to advise as to whether more efficient methods can be introduced especially as regards the care and training of mentally defective children, due regard being had to the expense involved.

5. As regards cost of relief of the destitute poor generally to inquire as to whether any change in law is desirable towards securing more equitable chargeability on local rates for persons who having been in fact normally resident in one poor relief district have become a charge upon the rates of another district.

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References to the Minister throughout the Report are references to the Minister for Local Government and Public Health.

References to the Board of Health are references to the local authority administering relief under the Poor Law, whether styled County Board of Health and Public Assistance, or County Board of Public Assistance.

COST OF REPORT.

	£
Printing and publishing Report and duplicating Minutes of Evidence (Estimate)	392
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	1,213

COMMISSION ON THE RELIEF OF THE POOR.

REPORT.

TO THE MINISTER FOR LOCAL GOVERNMENT AND PUBLIC HEALTH.

1. WE, the undersigned, appointed to enquire into the laws and administration relating to the relief of the sick and destitute poor, beg to submit our report.

Terms of Reference.

Our terms of reference are as follows :—

With the object of devising permanent legislation for the effective and economical relief of the sick and destitute poor, to inquire into the laws and administration relating thereto and particularly as regards the following matters :—

1. To inquire into the adequacy and suitability of schemes which have been formulated under the Local Government (Temporary Provisions) Act, 1923, and make recommendations.

2. To advise as to whether the existing law and regulations as regards Home Assistance require alteration towards securing that due provision is made for the sick and destitute poor in their own homes without avoidable wasteful expenditure on healthy persons who are incorrigibly idle.

3. To examine the law and administration affecting the relief of the following destitute classes and to make recommendations :—

   (*a*) Widows and their children.
   (*b*) Children without parents.
   (*c*) Unmarried mothers and their children.
   (*d*) Deserted children.

4. To inquire into the existing provision in public institutions for the care and treatment of mentally defective persons and to advise as to whether more efficient methods can be introduced especially as regards the care and training of mentally defective children, due regard being had to the expense involved.

5. As regards cost of relief of the destitute poor generally to inquire as to whether any change in law is desirable towards securing more equitable chargeability on local rates for persons who having been in fact normally resident in one poor relief district have become a charge upon the rates of another district.

Introductory.

2. It will be observed that whilst we are instructed to consider particular problems connected with the relief of the poor, we are authorised by the opening paragraph to inquire into the Poor Laws and their administration generally.

The terms of reference are very comprehensive and the subject fundamental to the social life of the country. It was, therefore, to be expected that we would be invited to study the matter from many aspects and that social problems lying almost on the fringe of the Poor Law would be brought under our notice. We did not deem it advisable to refuse to listen to any evidence which, either directly or indirectly, might be of interest or germane to our subject, but at the same time

we endeavoured to give special attention to the particular heads of inquiry set out in our reference.

3. We invited evidence from everyone who could give us information, and especially from those whose knowledge or experience would render their assistance of exceptional value. To all local authorities a list of questions designed to ascertain their views on the principal matters to be examined was addressed, and each body was asked to nominate witnesses.

4. Our sittings to receive evidence have been open to the press and the public. We held our first sitting to take oral evidence on the 27th May, 1925, and the final sitting on the 17th December, 1926. The public sittings extended over thirty-two days and one hundred and eighty witnesses, whose names appear in the Appendix, were examined.

5. In addition to taking oral evidence, one or more members of the Commission visited every county in the Saorstat and inspected the County Homes, County and District Hospitals, County Infirmaries, Fever Hospitals, Mental Hospitals, and other establishments provided or subsidised by local authorities. We also visited institutions not within the sphere of the Poor Law, but serving somewhat similar ends, such as industrial schools and almshouses founded by private benevolence. The evidence derived from our own direct observation has been of special value in reaching conclusions on the institutional assistance provided. The impressions derived from oral evidence have, in some instances, been confirmed, and in others modified by what we ourselves have seen.

6. Our subject falls into two main parts :—

Part I. The Relief of the Poor.
Part II. The Public Provision for the Mentally Defective.

This division will be found convenient, as the Poor Relief Acts and the Lunacy Acts form two distinct codes administered locally by different authorities and, until recent years, under the supervision of separate central authorities.

PART I.—THE RELIEF OF THE POOR.

CHAPTER I.

Brief Retrospect of the Poor Law to 1921.

7. The history of the Poor Law has been very fully related in reports[1] of comparatively recent date. It is not, therefore, necessary to cover the same ground exhaustively again. Some reference to the past must, however, be made if the position as we find it to-day is to be understood.

The year 1921 marked a definite epoch in the history of the Poor Law. Before describing the changes initiated in that year we shall sketch the main features of the system previously in operation.

8. The Poor Law is of ancient date and we find that many Acts of the Irish Parliament—largely of a punitive and deterrent character—dealing with the subject were passed in the century preceding the Union. It is historically interesting to note that Workhouses were authorised by law as early as 1703 in Dublin and 1735 in Cork, and that the Act under which County Infirmaries were set up as "receptacles for poor who are infirm and diseased" was passed in 1765. The basis of the Poor Law as it existed prior to the year 1921, was, however, the Poor Relief (Ireland) Act, 1838, which was modelled in all its main provisions on the lines of the English Poor Law Amendment Act, 1834.

9. Prior to the passing of the Act of 1838 there had been established under various enactments, either of the Irish Parliament before the Union or of the British Parliament subsequently, 31 county and 5 city and town infirmaries, 28 fever hospitals, 452 dispensaries (in addition to 42 united with fever hospitals), 11 lunatic asylums, 9 houses of industry or workhouses, 2 large foundling hospitals, one in Dublin and the other in Cork, and a small one in Galway.

10. Under the Act of 1838 the English Poor Law Commissioners, who, as the central authority controlled the administration until 1847, were authorised by the joining together of townlands to form Unions throughout Ireland, to constitute Boards of Guardians for Unions, to cause to be erected in each Union a workhouse in which it was lawful to relieve such destitute poor persons as by reason of old age, infirmity, or defect might be unable to support themselves, destitute children and such other persons as the Guardians deemed to be destitute poor and unable to support themselves by their own industry or other lawful means. The Act provided for relief only in the workhouse.

For the purpose of administering the Act the Guardians were empowered to make and levy a rate.

The Poor Law Commissioners were authorised to divide each Union into so many electoral divisions as they thought fit.

11. The area of chargeability of the poor in the workhouse was the electoral division, and chargeability was based on residence. If there was no residential qualification the cost of the maintenance of the pauper was charged equally over the entire Union. The residential qualification was altered and amended in many subsequent Acts and disappeared altogether on the passing of the Local Government Act of 1898, when Union rating was substituted for divisional rating. This fact is important as showing the trend of legislation to extend the area of charge

12. The number of Unions formed at first was 130, which was increased to 131 in 1848. In 1850 it was found necessary to increase the number to 163. Between 1850 and the outbreak of the European War in 1914, five Unions were dissolved and the areas of which they were comprised added to adjoining Unions. Of the remaining 158 separate Unions 131[2] were in the present area of the Saortsat.

[1] Reports of the Vice Regal Commission (1906) and the Royal Commission (1909).
[2] Including Ballyshannon, Castlebiyaney and Clones, but excluding Londonderry, Enniskillen, and Strabane, all of which had part of their administrative areas on both sides of the present border.

Four Unions[3] were dissolved between 1914 and 1921, leaving 127 at the commencement of 1921. A list of these Unions will be found in the Appendix.

13. Between 1838 and 1914 the original Act of 1838 was amended by numerous statutes. We shall note the principal stages in the development of the law.

The Poor Relief (Ireland) Act, 1843, enabled the Guardians to send any destitute poor deaf and dumb or blind child under the age of 18 to any institution for the maintenance of the deaf and dumb or blind which might be approved by the Commissioners and to provide for the relief of poor persons afflicted with fever or other dangerous or contagious disease and amended the law in the Act of 1838 in regard to assisting emigration by making it lawful for the Guardians, with the consent of the Commissioners, to spend up to sixpence in the pound in assisting inmates of the workhouse to emigrate to British Colonies.

14. The Poor Relief (Ireland) Act, 1847, is the next important Act. Prior to the passing of this Act the power given to the Guardians in the matter of relieving the poor was of a permissive character. Under this Act a statutory obligation to afford due relief was placed on the Guardians of every Union in Ireland. As this is a mater of some importance, having regard to the changes that have taken place, it is perhaps well to quote *in extenso* the relevant part of the first section of the Act :—

"..... the Guardians of the Poor of every Union in Ireland shall make provision for the due relief of all such destitute poor persons as are permanently disabled from labour by reason of old age, infirmity or bodily or mental defect, and of such destitute poor persons as being disabled from labour by reason of severe sickness or serious accident are thereby deprived of the means of earning a subsistence for themselves and their families whom they are liable by law to maintain, and of destitute poor widows having two or more legitimate children dependent upon them, it and shall be lawful for the said Guardians to relieve such poor persons being destitute as aforesaid either in the Workhouse or out of the Workhouse as to them shall appear fitting and expedient in each individual case ...."

15. It was under this latter power that relief, known as Outdoor Relief, was inaugurated, and the Act provided for the appointment of Relieving Officers who were given power to grant provisional relief in case of sudden and urgent necessity either by an order for admission to the workhouse or fever hospital or by affording temporary relief in food, lodging, medicine or medical attendance until the next ordinary meeting of the Guardians. The granting of relief, either within or out of the Workhouse, to persons in occupation of land to a greater extent than the quarter of a statute acre was prohibited. This provision was repealed so far as it prohibited relief in the workhouse by the Poor Relief (Ireland) Act of 1862, but remained in force up to 1921 in regard to outdoor relief.

16. The Act of 1847 further extended the powers of Guardians with regard to the assisting of emigration, and also enabled the Guardians of the North and South Dublin Unions to join in establishing a school for children not above 15 years of age in their workhouses. Provision was also made for combining Unions in other parts of the country into school districts. This last mentioned provision was repealed the following year, but other powers were given under which the District Schools of Glin and Trim were established.

17. In the same year, 1847, the Vagrancy Act, providing for the punishment of desertion of a wife and child who became chargeable on the rates, was passed, and also the Poor Relief (Ireland), No. 2, Act, which separated the Irish administration from the English and so prepared the way for the establishment in 1872 of the Local Government Board for Ireland.

18. The Evicted Poor Protection Act, 1848, is worthy of notice, because it enabled special temporary relief to be given to evicted poor persons and it required the landowner to give forty-eight hours' notice to the Relieving Officer of the execution of a writ or decree for possession.

19. The Poor Relief (Ireland) Act, 1851, equals in importance the Act of 1838, as it laid the foundation of what is known as the Poor Law Medical Service. The Act, which is best known as the Medical Charities Act, provided for the division of each Union into dispensary districts, the appointment of medical officers, and the supply of the necessary medicines and appliances. The

[3] Mitchelstown, North Dublin, Killala and Cootehill.

medical officer was required to give gratuitous medical advice, treatment and medicine to poor persons resident in the dispensary district.

20. The Act, whilst conferring the right to free attendance and medicine on the sick poor, did not define the term "poor," and medical advice and treatment were not confined to the destitute. It is also noteworthy that relief afforded under the Medical Charities Acts did not disfranchise the recipient in the same manner as did relief under the other Poor Relief Acts. This distinction does not, however, now exist, as, since 1918 franchise disqualifications by reason of the receipt of poor relief have been removed.

21. The next Act to which reference must be made is the Poor Relief (Ireland) Act, 1862. In addition, as before stated, to removing the barrier to relief in the workhouse of poor persons in occupation of more than a quarter acre of land, this Act empowered the Guardians to admit to the infirmary of the workhouse poor persons requiring medical or surgical aid and to provide for their treatment and maintenance therein and to charge them according to their ability to pay the average cost of such treatment or maintenance, and it also authorised the Guardians to send any inmates of the workhouse requiring special treatment to any hospital or infirmary the Governing Body of which was willing to receive them and to pay the cost of treatment and conveyance.

22. This Act is important also inasmuch as it may be described as the starting point of the boarding-out system for orphan and deserted children. Section 9 was as follows:

"And whereas it has been found that the mortality among infant children admitted into workhouses without their mothers is very large and that in other respects the workhouses are not well suited in all cases for the care and nurture of such children during infancy, and it is, therefore, expedient to extend the powers of Boards of Guardians for the relief of destitute poor children who are orphans or who have been deserted by their parents, it shall be lawful for the Board of Guardians to provide for the relief of any orphan or deserted child out of the workhouse if they shall think fit to do so by placing such child out at nurse according to their discretion. . . . . ."

A child could be placed out at nurse up to 5 years of age, or, if necessary for the preservation of the child's health, up to 8 years of age. This was altered in subsequent Acts, and the age is now 15 years. Under this Act was also recognised for the first time the obligation of the putative father for the support of his illegitimate child. The provisions in this regard were repealed the following year but the principle remained.

23. In the year 1878 the Poor Afflicted Persons Relief (Ireland) Act was passed, and it seems worthy of special reference because under it the Guardians were empowered to send paupers above the age of 18 years, being blind or deaf and dumb, to any hospital or institution for the reception of such persons and to pay up to five shillings weekly for the maintenance and instruction of each such case. It will be recollected that the Act of 1843, while limiting the age to 18, places no restriction on the amount that could be paid by the Guardians for maintenance. The Act of 1878 also gave the Guardians like powers in regard to idiots and imbeciles, but in case of sending such to private institutions not supported by the rates the consent of the relatives had first to be obtained.

24. The Dispensary Houses (Ireland) Act, 1879, gave the Guardians power to borrow money for the purpose of providing dispensaries and dispensary residences.

25. The two Relief of Distress Acts, 1880, are interesting because they are the beginning of exceptional legislation dealing with special distress.

Under these Acts the Guardians in certain Unions were authorised to borrow money on the security of the rates for the purpose of affording relief to classes not authorised by law to receive relief, and loans were made on specially favourable terms to employers of labour in certain named Unions for the purpose of encouraging them to employ the poor labourers. The Acts were of a purely temporary character, but it is not unlikely that they led to the subsequent permanent legislation embodied in Section 13 of the Local Government (Ireland) Act, 1898.

26. In the years 1889 and 1892, Acts were passed enlarging the powers of Guardians over orphan and deserted children, and in 1896 women became eligible for election as guardians, the disqualification by sex or marriage in the case of persons otherwise qualified being removed.

27. The year 1898 is important in the history of Poor Law, because that year saw the passing of the Pauper Children (Ireland) Act, 1898, and the Local Government (Ireland) Act, 1898.

The Pauper Children Act, enlarged the powers of the Guardians in regard to boarding-out or placing at nurse orphan and deserted children. It enabled them to place any such child having reached the age of 15 years, and having passed a certain standard of education, at a suitable trade or business; to send workhouse children daily to the National School, provided it was within two miles of the workhouse; to send any child relieved in the workhouse to any school certified by the Local Government Board. In the case of children with parents, the child could only be sent with the consent of parents. The Act prohibited the employment of children under the age of twelve who were under the control of the Guardians.

28. From the inception of the Poor Law in 1838 down to the year 1898, the powers and duties of the Guardians had been gradually extending, and many duties distinct from the Poor Law had been thrown on them, principally by the several Public Health Acts and the Labourers' Acts. The Local Government Act of 1898 made a division of these duties, leaving to the Guardians only matters relating primarily to the relief of the sick and destitute poor and transferring the Guardians' functions as Sanitary Authorities to the Urban and Rural Councils constituted under that Act.

29. The Local Government Act, 1898, whilst not a Poor Relief Act, materially altered the Poor Law by some of its provisions. The most important of such alterations were the extension of Union rating, by which expenses previously levied separately on the electoral divisions were charged equally over the whole Union and the abolition of *ex-officio* guardians. In Rural Districts the councillors for every district electoral division became the Guardians for that division and there was no separate election of Guardians as such. In Urban Districts guardians were elected in the same manner as councillors for a Rural District. The guardians no longer made and levied the poor rate but received funds from the County Council, by submitting annually an estimate and demand,

30. By Section 13 of the Local Government Act, 1898, permanent statutory provision was made for exceptional distress. Outdoor relief could be granted by the Guardians to any poor person if the county council were satisfied as to the existence of special distress and subject to the approval of the central authority. The prohibition of outdoor relief to an occupier of more than a quarter acre of land does not apply as regards relief given under the section. The Guardians were authorised to raise money by loan for the purposes of the section and one half of the expenditure incurred was to be levied off the County and one-half off the Union.

31. The Local Government Act, 1898, is noteworthy also for the fact that under it a yearly sum equal to half the rates levied off agricultural land outside boroughs and urban districts in the standard year (1896-7) became payable to the County Councils from the Local Taxation Account. This grant was called the Agricultural Grant and went to the relief of the rates.

The Act of 1898 also abolished the system by which assistance was given to the ratepayers by means of voted grants-in-aid. In lieu of this system certain revenues were assigned to the Local Taxation Account out of which the grants formerly voted and certain new grants became payable.

32. Another important provision of the Act of 1898 was the power given to Guardians under Section 90 to convert the workhouse hospital into a district hospital under a separate management into which private patients could be admitted. This power was availed of in two Unions, viz., Castlecomer and Ardee.

33. From this brief retrospect it will be seen that although many Acts were passed in the period between 1838 and 1921 the principal features of the Poor Law remained unchanged. In 1921 there were still Unions, Workhouses, and Boards of Guardians.

Summarised briefly, it may be said that the law provided for the relief of the sick and destitute poor in the following manner:—

The able-bodied, male and female, in the workhouse only.

The old and infirm, in the workhouse or through the medium of outdoor relief.

The sick, through the medium of outdoor relief or in the workhouse or workhouse infirmary, or, if necessary, in an extern hospital. Free use was made of this last-mentioned power and a practice grew up to admit

only nominally to the workhouse and then transfer the case to an extern hospital. (This practice was in 1917 declared illegal, and recourse was had to the powers of the Public Health Authority to provide hospital treatment.) Under the Medical Charities Acts the sick were also provided with free medical treatment, either in their homes or at the dispensaries and with free medicine and medical and surgical appliances.

The deaf and dumb or blind, in the workhouse from which they could be sent to special institutions without limit as to fee payable if under 18 years of age. If over 18 years payments were not to exceed five shillings a week. Idiots and Imbeciles could also be sent to special institutions.

Widows with two or more legitimate children, in the workhouse or through the medium of outdoor relief. Widows, if able-bodied, and widows with only one legitimate child, in the workhouse only.

Children under 15 years of age with parents, in the workhouse or district school, or, with the parents' consent, they could be sent to a certified school.

Orphan or deserted children under 15 years of age, in the workhouse or district school, or by boarding them out or sending them to a certified school.

Persons who became destitute by reason of eviction from their dwelling could be given all necessary help by the relieving officer until the next meeting of the Guardians, who could for a period of one month provide them with relief, in the same manner as if they were old and infirm.

34. To understand the meaning of the term relief in a workhouse, it is perhaps well to indicate the kind of institution a workhouse was.

The majority of the buildings were commenced in the years 1839–40, and finished within three or four years. They were built much on the same plan. The walls were unplastered and the rooms unceiled. In their construction and fitting up a rigid economy was observed. One side of the house was allotted to males and the other to females. The classification on each side was roughly as follows :—1. The Admission Ward, which in later years became the casuals' or night lodgers' ward. 2. The Able-bodied. 3. The Infirm. 4. The School and Children Ward. 5. The Infirmary. 6. The Lunatic Ward. In addition, there was on the female side a nursery and maternity ward. In some of the larger workhouses there were wards known as the male and female separation wards. The standard of comfort in the body of the house was, in many instances, very poor and the closet and bathing accommodation bad. It will be readily understood that an institution sheltering twelve or fourteen different classes of all ages and of the most diverse character was difficult of management, and that the association of all classes did not of itself conduce to their comfort or improvement.

35. The workhouse infirmaries were largely occupied and properly so, having regard to their origin, by the bed-ridden and feeble, who, though not acutely ill, nevertheless required nursing care. This militated against their use as general hospitals for the treatment of acute cases. As a rule, the infirmaries were kept up to a much higher standard than the rest of the house, but in many places they lacked proper water supply, sanitary and bathing accommodation, and operation theatres.

36. In most workhouses there were schools for the boys and girls, except, of course, in the workhouses of Unions served by the District Schools[4] ; but in some the children were sent out to the National Schools.

In addition, the Guardians of the different Unions utilised, subject to legal restrictions, the various Acts enabling them to board-out children.

37. The actual administration of the Poor Law was carried out centrally by the Local Government Board and locally by the Boards of Guardians. The Guardians were obliged to meet once a week and copies of their Minutes were furnished regularly to the Local Government Board whose duty it was to see that, *prima facie* in any case, the actions of the Guardians were authorised by statute and that the duties which the law imposed on the Guardians were being properly discharged.

38. The Local Government Board had power to form, dissolve, or alter Unions and to cause workhouses to be erected ; to make Orders respecting the election of Guardians and the government of workhouses ; the guidance, control, appointment, and removal of officers ; the guidance and control of Guardians, wardens,

[4] There were two District Schools—one at Glin for the Unions of Limerick, Newcastle-West, Rathkeale, Croom, Kilmallock, and Listowel, and the other at Trim for the Unions of Navan, Kells, Dunshaughlin, Trim, and Oldcastle. Both are now closed.

and other officers, paid and unpaid, acting in the relief of the poor ; the keeping, examining, auditing, and allowing and disallowing of accounts; the making of contracts ; the administration of outdoor relief ; the management of district schools and the boarding-out of children ; to dissolve a Board of Guardians and appoint paid officers to act in their place ; to appoint inspectors, auditors and other officers to hold inquiries on oath—a power which was exercised by the inspectors, who usually held such inquiries ; to combine Unions for the formation of district schools, and to hold workhouses and real property connected therewith. The Local Government Board, however, had no power to interfere in individual cases for the purpose of ordering relief.

This does not purport to be a complete statement of the powers of the Central Authority, but it is sufficient to show the discretion of the Guardians was exercisable only within a narrow administrative field, and that under strict and minute control there was little room for initiative or independence of action on their part.

39. Outdoor relief was distributed by the Boards of Guardians subject to legal limitations, which in many instances pressed heavily on deserving poor and prevented their relief except in the workhouse.

40. Besides the provision for the sick poor, made under the Poor Relief Acts, there were hospitals of much older date set up with parliamentary sanction and administered apart from the Poor Law. These were known as the County Infirmaries and County Fever Hospitals. The first Act relating to county infirmaries dates back to the year 1765. The Act, whilst it contemplated the chief means of support coming from voluntary contributions, authorised contributions from public funds and by Grand Juries. Although several Acts were passed between 1765 and 1921, altering and amending the original Act, the county infirmaries as such, with the exception of that at Galway, remained wholly outside the Poor Law system until 1921. During the period the grants from the counties, made by the Grand Juries up to 1898 and afterwards by the County Councils, were much increased. These grants were a county-at-large charge.

41. The County Infirmaries, which were managed by joint committees appointed triennially, were looked upon, especially in more recent times, as catering for the needs of a better class than the workhouse infirmaries and were, in a number of instances, better equipped. In 1921 there were 27 county infirmaries, situated as follows :—

Munster	*Leinster*	*Connaught*	*Ulster (three counties)*
Ennis,	Carlow,	Carrick-on-Shannon,	Cavan,
Cork (2),	Dublin (Meath Hospital),	Castlebar,	Lifford,
Tralee,	Kildare,	Roscommon,	Monaghan.
Limerick,	Kilkenny,	Sligo,	
Cashel,	Tullamore,	[6]Galway.	
[5]Waterford.	Longford,		
	Dundalk,		
	Navan,		
	Portlaoighise,		
	Mullingar,		
	Wexford,		
	Wicklow.		

42. The history of the County Fever or Infectious Hospitals is somewhat similar to that of the county infirmaries. The Hospitals (Ireland) Act, 1818, and subsequent Acts enabled such hospitals to be erected. They were supported in the beginning partly by private donations and partly by contributions from the Grand Juries, and subsequently by contributions from the County Councils, supplemented in small proportions by private subscriptions. They were governed in the same manner as the infirmaries, that is, by joint committees appointed triennially, provision being made for the representation of the County Councils upon the governing bodies of the hospital towards which they contributed. These

[5] A County and City Infirmary established under a special Act, the Waterford Infirmary Act, 1896, see Chapter III. (Para. 144).

[6] Galway Hospital was supported by the several Unions of the County under the Galway Hospital Act, 1892, nd in a sense might be regarded as a Union Hospital.

fever hospitals, it should be noted, were entirely distinct from the fever hospitals attached to the workhouses. In 1921 there were 12 such hospitals, as follows :—

County	*Hospitals at*
Cork	Cork.
Kerry	Killarney and Tralee.
Monaghan	Carrickmacross, Clones, and Monaghan.
Sligo	Sligo.
Tirconaill	Letterkenny and Ramelton.
Wicklow	Arklow, Newtownmountkennedy, and Wicklow.

43. It would not be proper to conclude this chapter without a reference to various Acts which, though of themselves not Poor Law Acts and administered apart altogether from the Poor Laws have, nevertheless, made an important contribution towards the alleviation of the hardships and sufferings of the poor and undoubtedly prevented large numbers from being forced to have recourse to the resources of the Poor Law.

Amongst these the most important is the Old Age Pensions Act, 1908. Other Acts which may be mentioned are the Tuberculosis Prevention (Ireland) Acts, the National Insurance (Health) Acts, the National Insurance (Unemployment) Acts, the Education (Provision of Meals) Acts, the Notification of Births Acts, under which Maternity and Child Welfare Schemes are organised, and the Blind Persons Act, 1920. To some of these Acts it will be necessary for us to refer more particularly in the course of this Report.

44. It has not been possible for the Commission to obtain complete and accurate figures representing the numbers on relief and the cost of such relief in the years immediately prior to 1921. During the war the annual statistical tables published by the Local Government Board were considerably curtailed, and after 1915 the numbers on relief in each Union were not published. The following is a statement compiled from the 43rd Report of the Local Government Board of the number receiving relief in workhouses (including infirmaries or hospitals connected with the workhouses), the number on outdoor relief, and the number of children boarded-out on the 1st October, 1913 :—

In Workhouses (including workhouse hospitals or infirmaries)	26,791
On Outdoor Relief	14,663
Children boarded-out	2,226

The total expenditure of the Boards of Guardians in the year ended 30th September, 1914, was £1,063,567, made up as follows :—

	£
1. In-maintenance	364,209
2. Cost of maintenance of boarded-out children ..	18,621
3. Cost of other outdoor relief	113,651
4. Expenses of district schools	8,304
5. Maintenance of blind, deaf and dumb, and idiots in institutions and cost of relief in extern hospitals ..	22,166
6. Salaries and rations of officers	183,153
7. Cost of medicine and medical, etc., appliances in workhouses	10,242
8. Expenses under the Medical Charities and Vaccination Acts	163,659
9. Expenses under the Lunatic Asylums Act	2,403
10. Expenses under Births and Deaths Registration Acts	6,495
11. Superannuation	23,683
12. Payments in respect of borrowed monies	19,887
13. Other expenses [7]	127,094
	£1,063,567

[7] Including £2,246 Expenses under the Galway Hospital Act, 1892 ; £403 under the National School Teachers Act, ; £24 Emigration Expenses.

CHAPTER II.

The County Schemes.[1]

45. In the years 1920, 1921 and 1922, for reasons which it is not necessary to stress, the system of administering the Poor Laws, and the Poor Laws themselves, became, to a large extent inoperative in many parts of the country and, with the sanction of Dail Eireann, far-reaching changes were initiated. These changes, while being part of a general plan for upsetting the old *régime*, were also embarked on with a view to making the Poor Laws more suitable to the needs of the country. Mr. McArdle, of the Poor Law Branch of the Department of Local Government and Public Health, in his evidence states :—

"During the years 1921 and 1922 the Councils of several counties, in conjunction with the Minister for Local Government of Dail Eireann, believing that the existing Poor Law system, which was modelled on the British system, was not suitable to the needs of this country, took steps to alter the law and to reorganise the administration of the relief of the poor by means of schemes for their respective counties."

46. Be the reason what it may, the County Councils of the following counties, acting by directions of the Local Government Department of Dail Eireann, prepared and adopted schemes which were subsequently deemed to have come into operation on the dates specified :—

Cavan	16 Sept. 1921	Mayo	1 Oct., 1921
Clare	26 Oct., 1921	Meath	18 Nov., 1921
Galway ..	22 Nov., 1921	Monaghan ..	9 Sept., 1921
Kerry	1 Aug., 1921	Offaly	4 Aug., 1921
Kildare ..	14 Feb., 1922	Roscommon ..	21 Mar., 1921
Kilkenny ..	7 Nov., 1921	Sligo	26 Sept., 1921
Laoighis ..	1 May, 1921	Tirconaill ..	6 Dec., 1921
Leitrim ..	5 Nov., 1921	Waterford ..	22 Nov., 1921
Limerick Co.Boro.'	2 Mar., 1922	Westmeath ..	1 Aug., 1921
Limerick Co. ..	27 June, 1921	Wexford ..	25 Oct., 1921
Longford.. ..	4 April, 1922	Wicklow ..	16 Nov., 1921

47. It would seem from a circular letter issued to all public bodies on the 30th September, 1920, by the Minister for Local Government of Dail Eireann that it was not so much the intention to alter the laws as to alter their administration, though the letter makes it quite clear that amalgamation of Unions and abolition of Boards of Guardians and the centralising of administration and institutional relief in each county was contemplated. The schemes were born in troubled times and it is now difficult to say to what extent they carried out the intentions of their originators or how far they had received the assent and sanction of the Dail or of the then Minister for Local Government, but it is manifest that in much they differed one from another and that in some a complete break away from the spirit and associations of the old Poor Law was aimed at. Features common to all the schemes were the abolition of Boards of Guardians and the abolition of the workhouses, and the substitution therefor of a system of administration and institutional relief which, whilst not following in detail the recommendations of either the Vice-Regal Commission of 1906 and the Royal Commission of 1909, undoubtedly had for its central idea the establishment of Poor Law administration on a county basis. The schemes differed much in the constitution and numbers of the new local governing bodies and their mode of appointment, the area of charge for expenses of poor relief, the absorption of Committees of Management of institutions that were not Poor Law institutions, and in many other ways.

48. It will, we think, be generally admitted that during the year 1920 and the following three or four years, whether in those counties where schemes had

[1] The expression "County Scheme" is defined in the Local Government (Temporary Provisions) Act, 1923, as a scheme prepared under or in accordance with that Act by the Council of a County for the administration of the relief of the poor in that County.

been adopted or in those where the old law was supposed to operate, that it was difficult if not impossible for either the poor or those interested on their behalf to know what law, if any, was being administered.

During the period a large number of workhouses were occupied by military—in the early part by British forces, subsequently by Government forces, and in some instances by forces opposed to the Government. Some workhouses had been burnt and the Poor Law services had become to a large extent disorganised and chaotic.

49. It was recognised by the Government and the Oireachtas that the position was unsatisfactory, and in 1923 an Act, entitled the Local Government (Temporary Provisions) Act, became law. The last paragraph of the preamble of this Act indicates its purpose as follows :—

"And whereas until a comprehensive reorganisation of the whole law of Local Government in Saorstat Eireann can be prepared and submitted to the Oireachtas, it is necessary that temporary provision should be made to remedy the more serious defects in the law and in particular that legal authority should be given to the schemes of Poor Relief which have been put in operation by several County Councils, that power should be given to other County Councils to formulate similar schemes, that certain emergency powers should be given to Local Authorities, and that authority should be given temporarily to the Minister for Local Government to deal with Local Authorities which are forgetful of their duties and responsibilities."

50. Under this Act the schemes adopted by the County Councils of the counties previously mentioned were legalised, and in these counties full indemnity was given against all acts of omission or commission in regard to the relief of the poor under these schemes from the time of their inception up to the time of the passing of this Act.

51. The Act provided that the Councils of counties[2] in which schemes had not been adopted might formulate schemes, and it set up the machinery by which these schemes might become law.

52. It also gave power to the Minister by order to amend or modify any county scheme after it had come into operation. It was recognised apparently that it would not be feasible by a process of schemes to alter the entire Poor Law, and the Act provided under Section 4 (3) that after a County Scheme had come into operation the law relating to the relief of the poor in such county should be deemed to be altered and modified so as to give full force and effect to the scheme.

53. Under Section 10 of the Act any person in a county to which a county scheme relates who is eligible for relief may, subject to any regulations made by the Minister in that behalf, be granted outdoor relief, notwithstanding anything in any enactment limiting the granting thereof.

54. From the foregoing it becomes apparent that in order to obtain a knowledge of the existing Poor Law in those counties where schemes are in force the statutes relating to poor relief must be read in conjunction with the provisions of the County Scheme, and that where there was no existing scheme or where no scheme has been prepared or approved since the passing of the Act of 1923 there has been no change in the law.

55. As already pointed out, the existing schemes made legal by the Local Government (Temporary Provisions) Act, 1923, suffered much from want of uniformity and, having been given power to amend, modify or alter schemes, the Minister proceeded by Orders to bring into some kind of uniformity all existing schemes, and to secure that in the counties where no schemes had been adopted schemes should be submitted for his confirmation and approval.

56. Schemes have now been approved of and become law in every county of the Saorstat, except the County and County Borough of Dublin, which for special reasons were allowed to continue under the old order of things.[3]

57. Each administrative county has a separate scheme. The County of Waterford has a joint scheme with the County Borough of Waterford. The only other joint scheme is that for Cork, under which the area comprised in the County and the County Borough is divided into three county districts, North, South, and

[2] The counties in which there were no Schemes in operation at the date of the passing of the Act were : Carlow, Cork, Dublin, Louth, Tipperary N.R., Tipperary S.R., and Dublin and Cork County Boroughs. Schemes were subsequently prepared and confirmed in all these areas except Dublin County and County Borough.

[3] Dublin County and County-Borough are dealt with in Chapter X. of the Report.

West, each with a separate governing body, the County Borough being included in the South Cork County District. Whether this division of Cork into three administrative areas, each with its own institutions, was wise or economical we shall consider later. The remaining County Borough, Limerick, has a separate scheme from Limerick County.

58. A study of the schemes so approved indicates that they are uniform in all respects, except in the matter of institutional relief provided, the classes for whom such relief is provided, and the statutory bodies abolished.

59. In every case the Boards of Guardians are abolished, and their powers and duties transferred to an authority appointed by the County Council or the County Borough Council, from amongst their own members. This authority is designated in the schemes the County Board of Health, except in the South Cork County District and Waterford, where the name County Board of Public Assistance is given.

60. Except in Cork, the Committees of Management of the old county fever hospitals are abolished and the hospitals closed as such, or handed over to the Board of Health, to be used as County Fever Hospitals or District Hospitals.

61. Some of the schemes provide for the abolition of the Committees of Management of the County Infirmaries and the handing over of the infirmary to the Board of Health, others make no change in this matter and these Committees are allowed to continue as they were.

62. Every scheme provides that the expenses of the Board of Health shall be raised as a county-at-large charge, except in Cork, where the expenses are County District charges, that is, they are raised over the functional area of the respective Boards. The joint schemes provide for the division of expenses between the County Borough and the area within the County or County District in proportion to valuation.

63. The important difference in the schemes is in their want of uniformity in the institutional relief to be provided and the classes for whom it is provided.

The institutions provided.

64. A central County Home has been provided in all the Counties where schemes have been adopted except in County Louth, where the aged and infirm and the chronic invalids can be received in each of the three District Hospitals provided. [4]

65. A District Home has been provided in South Cork County District and auxiliary homes for unmarried mothers and their children have been provided in the Counties of Clare and Galway. Provision has been made in the Kerry County Scheme for a Children's Home at Kenmare; but this has not been established.

66. County Hospitals have been provided except in the Counties of Carlow, Louth, and North and South Ridings of Tipperary and South Cork County District.

67. One or more District Hospitals have been provided in all counties except Kildare, Longford, Meath, Wicklow, Limerick County, Galway, Sligo, and Cavan.

68. The schemes provide for Cottage Hospitals instead of District Hospitals in North and West Cork County Districts and one Cottage Hospital in addition to a District Hospital and two Fever Hospitals is contemplated in County Mayo.

69. The schemes or regulations in no way define what constitutes a County Hospital, District Hospital, or Cottage Hospital, though orders have been issued regulating the staff of each. A reference to the schemes show that all are for the reception of medical and surgical cases, though in some of the district and cottage hospitals this is qualified by the term acute medical and surgical cases.

The classes for whom institutions are provided.

70. Turning to the class of inmates for whom the institutions are stated to be provided under the schemes, it seems that in no single case is any institutional relief contemplated to be given to or provided for the destitute poor able-bodied, of either sex.

71. No provision is made in the schemes of the following Counties for the

[4] The three County Districts of Cork have each a separate County Home.

admission to institutional relief of children of any kind viz. :—Kildare, Longford, Meath, Westmeath, Wicklow, North Cork, West Cork, Limerick Borough, Tipperary North Riding, Tipperary South Riding, Roscommon, Cavan, and Monaghan, while limited arrangements are made in County Clare, South Cork, Leitrim, Mayo, Sligo, Tirconaill, Laoighis, and Limerick County.

72. The schemes of the following Counties make no provision for institutional relief for unmarried mothers, viz. :—Kildare, Kilkenny, Louth, Meath, Westmeath, Wexford, Wicklow, North Cork, West Cork, Limerick Borough, Waterford, Roscommon, Sligo, Cavan, and Tirconaill.

73. No provision is made in the schemes of the following Counties for institutional Relief to expectant mothers until they become cases for the maternity department, viz. :—Carlow, Laoighis, Louth, Meath, Offaly, Westmeath, Clare, North Cork, South Cork, West Cork, Kerry, Limerick County, Limerick Borough, Tipperary, North and South Ridings, Galway, Leitrim, Mayo, Roscommon, Sligo, Cavan, and Monaghan.

74. Institutional relief is not provided for lunatics, idiots, imbeciles or epileptics in the following County Schemes, viz. :—Kildare, Longford, Meath, Offaly, Westmeath, Wicklow, Kerry, Leitrim, Mayo, Roscommon, Sligo, Cavan.

75. In all the County Schemes except that of Louth it is provided that the aged and infirm and chronic invalids are to be provided with institutional treatment in the County Homes. In Louth, where no County Home is set up under the schemes, the aged and infirm are provided with institutional relief in the District Hospitals.

76. We know from inspection as well as from the returns of inmates submitted to us by the Local Government Department, that in nearly all the County Homes are to be found lunatics, idiots, imbeciles and, except in those counties where other special provision is made for them expectant and unmarried mothers, and children are also to be found in all the County Homes.

It could not be otherwise, and, although under the schemes they do not appear to be everywhere eligible for admission, morally it would be a grievous wrong to refuse them admission.

77. In no County Home inspected were there in the strict sense of the word able-bodied, though in a few of the homes a small number of inmates of both sexes were so classed.

78. All the schemes define as a " person eligible for relief " any poor person who is unable by his own industry or other lawful means to provide for himself and his dependants the necessaries of life or necessary medical or surgical treatment. They provide that no person eligible for relief shall be relieved in any institution provided and maintained under the scheme unless he can be relieved effectively in such institution at less cost than in any other lawful way and they also provide that all relief including medical or surgical relief granted by the Board of Health, otherwise than in an institution, shall be administered by the Board of Health in accordance with the prescribed regulations in that behalf.

The General Orders of the Minister.

79. Bearing on this uniform rules and regulations have been prescribed for the administration of Home Assistance and the boarding-out of children and also for the government of dispensary districts. Uniform regulations have also been issued in regard to meetings and proceedings of County Boards of Health, the appointment and duties of officers and the government and management of County Institutions ; and a General Accounts Order has been issued.

From these Orders and Regulations it is apparent that the Boards of Health are as much, if not more, under the rigid control of the Minister for Local Government and Public Health as the Boards of Guardians were under the control of the Local Government Board, and that, therefore, very little initiative or freedom of action rests in the Boards of Health.

Dublin City and County.

80. It should be observed that in the County and City of Dublin the administration of the Poor Law and the laws themselves have undergone no change, and the Boards of Guardians, or Commissioners acting for them, still function in Balrothery, Dublin, and Loughlinstown Unions, although Balrothery and Loughlins-

town Workhouses have been closed as such and the inmates boarded out in Dublin Workhouse. The infirmary portion of Loughlinstown Workhouse is still, however, retained as a hospital.

Summary of the changes.

81. Summarised the changes that have taken place since 1921 are as follows :—

Boards of Guardians have been abolished and Workhouses closed as such all over the Saorstát except in the County and City of Dublin.

The County Infirmaries and their Committees of Management have been abolished except in Dublin, Cork, Limerick, Waterford, Kildare, Meath, Westmeath, and Louth.

The Committees of Management of all the County Fever hospitals have been abolished except in Cork.

County Boards of Health or County Boards of Public Assistance have taken the place of the Boards of Guardians, one Board acting for each administrative County except in the case of Cork, where there are three Boards. The county boroughs of Cork and Waterford are combined with the adjoining county district and county, respectively, in joint schemes, and the county and county borough of Limerick have separate schemes.

A County Home has been established in each County Board of Health area except Louth for the institutional relief of the aged and infirm and chronic invalids eligible for relief.

The County Homes also shelter a number of lunatics, idiots, and imbeciles, children, and unmarried and expectant mothers though a number of the County Schemes do not provide that such cases shall be received.

Central or County Hospitals have been established in nearly all the areas administered by the Boards of Health and Public Assistance and in addition District Hospitals have been set up in most counties.

In counties where there are no central hospitals there are district hospitals.

The extent to which workhouses have been utilised.

82. The workhouses or parts of them have been utilised for the new institutions set up under the Schemes to the following extent :—Thirty-three have been converted into County Homes, including 19, which are also used in part as hospitals ; 9 have been converted into County Hospitals, either medical or surgical, or both ; and 32 into District Hospitals or Fever Hospitals. Fifty, some of which are wholly or partially destroyed, are not used for any Poor Law purpose.

Extension of the power to board-out.

83. Under the Pauper Children (Ireland) Acts the Guardians had power to board out up to the age of 15 years any orphan or deserted child being an inmate of the workhouse. As already stated, the restrictions on out-door relief have been removed in counties where schemes are in operation. Boarding-out of children being a form of outdoor relief it appears that there is now power to board out any child. The County Boards of Health (Assistance) Order, 1924, provides (Regulation No. 18) that a Board of Health shall not without the consent of the Minister for Local Government and Public Health place out at nurse or board out any child other than an orphan or deserted child.

Consolidation and amendment of the Poor Relief Acts.

84. The law relating to poor relief is, as we have seen, to be found in numerous Acts passed since 1838. The whole scheme of relief embodied in these Acts has now been radically altered ; the Local Authority has been changed, the area of administration extended, home assistance has taken the place of in-maintenance as the normal method of relief and the legislature has seen fit to establish outside the Poor Law and unconnected with it many social services which are of the nature of public assistance (old age pensions, blind pensions, insurance schemes, maternity and child welfare services, provision of meals for school children, tuberculosis services, infectious diseases services under the Public Health Acts, etc.). The existing

Poor Relief Acts should now, we consider, be repealed altogether and the amended Poor Law stated in a single consolidating statute.

Comparative Statistics.

85. The reduction in the number of separate institutions, the repeal of the restrictions on outdoor relief and the general policy which finds expression in the schemes of confining relief in institutions to those who cannot be relieved effectively at less cost in any other way has, as might be expected, resulted in a decrease of the numbers relieved in institutions and an increase in the numbers on out-door relief. As already stated it has not been found possible to obtain complete or accurate statistics relating to the year 1920, and, therefore, a comparison of the numbers now relieved and the cost with the corresponding figures for that year cannot be made ; but from the following figures showing the position on the 31st March, 1925, as compared with that on the 1st October, 1913, it will be seen that although the total number relieved has undergone a relatively small diminution, the number in institutions was less by 8,678 whilst the number on outdoor relief increased by 6,987 :—

	On 1st October, 1913	On 31st March, 1925
In Institutions	26,791	18,113 [a]
On Outdoor Relief or Home Assistance	14,663	21,650
Children Boarded-out	2,226	1,907
Total	43,680	41,670

86. The following shows the expenditure of the County Boards of Health and Boards of Guardians in the year ended 31st March, 1925, as compared with the expenditure of the Boards of Guardians in the year ended 30th September, 1914 :—

	Year ended 30th Sept., 1914.	Year ended 31st March, 1925.
	£	£
1. In maintenance	364,209	364,722
2. Cost of maintenance of boarded-out children	18,621	31,844
3. Cost of other out-door relief	113,651	372,654
4. Expenses of district schools	8,304	6,212
5. Maintenance of blind, deaf and dumb, and idiots in institutions and cost of relief in extern hospitals	22,166	24,139
6. Salaries and rations of officers	183,153	215,684
7. Cost of medicines and medical, etc., appliances in workhouses	10,242	14,595
8. Expenses under the Medical Charities and Vaccination Acts	163,659	269,100
9. Expenses under the Lunatic Asylums Act	2,403	2,236
10. Expenses under Births and Deaths Registration Acts ..	6,495	5,465
11. Superannuation	23,683	25,364
12. Payments in respect of borrowed monies	19,887	15,245
13. Other expenses	127,094 [a]	173,830 [b]
Total	£1,063,567	£1,521,090
Expenditure incurred by County Councils in discharge of liabilities transferred from Boards of Guardians [c]		170,480
	Grand Total	£1,691,570

[a] In County and Auxiliary Homes and Workhouses, 10,821 ; in County District and Union Hospitals, 7,292.
[a] Including £2,246 expenses under the Galway Hospital Act, 1892 ; £403 under the National School Teachers Act ; £24 emigration expenses.
[b] Including £40,725 other expenses of County and Auxiliary Homes ; £53,501 other expenses of County and District Hospitals ; £3,116 for burials of inmates and patients.
[c] See the Local Government (Temporary Provisions) Act, 1923, section 7.

CHAPTER III.

Institutions Established under the County Schemes.

87. In the previous chapters we have endeavoured to give a brief history of the Poor Law and to indicate the principal provisions of the existing laws without any reference to their adequacy or otherwise. We now propose dealing with this latter question.

As already indicated, the Poor Law, except in the City and County of Dublin, which will be dealt with separately, is the old law as contained in the Poor Relief Acts altered or modified to such extent as is necessary to give effect to the County Schemes.

It has been shown that though these schemes are uniform in regard to the relief given by means of Home Assistance there is almost complete want of uniformity in so far as their provisions relate to institutional relief.

The right to free medical advice and attendance conferred on the sick poor by the Medical Charities Act, 1851, was not affected by the Schemes.

We propose to consider the question of the adequacy of the existing law under three heads :—Institutional Relief, Home Assistance, and Relief under the Medical Charities Acts.

88. In the preamble of the Local Government (Temporary Provisions) Act, 1923, the Act it will be recalled that gave legal sanction to the County Schemes, it is recited that :

> ". . . . the existing law relating to the relief of the poor is wholly unsuited to the circumstances of Saorstát Eireann and causes unnecessary hardship to persons requiring relief thereunder while at the same time the cost of administering such relief is excessive."

In the foregoing is summarised the criticism rightly or wrongly of what was known as the old Workhouse System and it would follow that the changes made in the law were designed to remove the hardship and to reduce the cost of administration. The old system was the subject of almost universal condemnation for many years prior to 1921, but its roots had struck deep in the land and it required courage and firmness to pull it up and prepare the ground for another system.

89. It was the general belief that amalgamation of Unions and the centralisation of the administration on a County basis would tend to a more efficient and economical poor law service, a belief which was fostered largely by the reports of the Viceregal Commission of 1906 and the Royal Commission of 1909.

Both these Commissions, however, while whole-heartedly condemning the old workhouse on account of the evil of congregating into one institution a number of classes of both sexes and all ages and holding the view that many of the workhouses could be closed without inflicting hardship on the poor, stressed the fact that sufficient and adequate accommodation should be provided in special institutions for the different classes of inmates. We recognise that very drastic and thorough action was probably necessary to break down the workhouse system and we approve of the Schemes in so far as they have resulted in closing unnecessary workhouses and placing the poor law on a county basis. It will, we think, be generally admitted, that county boundaries should not be a barrier to those eligible for relief getting it at the nearest public institution whether a Home or a Hospital, and that in a small country like ours the relief of the poor should not be too localised. Under the schemes we are aware that there is nothing to prevent inter-county arrangements which would permit of the poor being relieved in the nearest institution, but we have seen little evidence of such arrangements. We shall refer to this matter again at a later stage of our report.

90. While we are willing to concede that it was perhaps difficult to foresee what result the closing of a large number of workhouses simultaneously and the removal of all restrictions in the granting of Home Assistance would have on the relief of the poor, we are convinced that the schemes, both positively and in their administration, have in some counties, particularly the larger where the distance from the Homes and Hospitals is considerable, operated prejudicially in the interests of the poor while the saving in cost has been negligible.

91. Comparing one county with another we do not find that the institutions provided conform to any settled standard as to type or extent of accommodation. For instance, in County Galway, where there were formerly ten workhouses and a hospital in Galway City supported by the Unions, we find one County Hospital and one County Home supplemented by a Children's Home, whilst at the other end of the scale is County Louth, which is not in area one-seventh the size of County Galway and has little more than one-third the population, with three institutions, classed as district hospitals, that are provided not only for hospital cases proper, but also for the aged and infirm and chronic invalids. We cite these two counties, not implying any criticisms of the intern relief in either because if deviates from some preconceived symmetrical system but merely to illustrate the diversity that exists. By reason of this diversity general conclusions on the adequacy of the Schemes would have little value unless supplemented by a review of the position in each County.

The County Homes.

92. In the County Homes we found the following classes, whether the schemes contemplated their admission or not, viz., aged and infirm of both sexes; lunatics, idiots and imbeciles of both sexes; unmarried mothers and their children, in some cases married mothers and their children; and orphan and deserted children. In a number of homes there were cases of advanced tubercular disease and also cases of cancer.

93. There is one class common enough in the old workhouses which did not come under our observations in the County Homes—tramps, casuals or night lodgers. There are no provisions in the Schemes for the reception into institutions of casuals of any description. In a few Homes they appear to have been received occasionally, but except in the South Cork County Home, provision was not made for them and the number seeking admission was small even in Cork.

94. Although this class are not recognised we know that they exist. At our request the Garda Siochana made a census of homeless persons observed wandering on the public highways in a single night in November, 1925. The following is a summary of the returns showing the number of such homeless persons and their dependent women and children, distinguishing between the Metropolitan Area and the rest of the Saorstat :—

	Outside Metropolitan Area.			Metropolitan Area.		
	Men	Women	Children	Men	Women	Children
Travelling in search of work ..	248	33	44	116	18	—
Willing to undertake casual labour but unfit or unwilling to work continuously	238	48	58	120	18	—
Habitual Tramps	652	416	614	34	7	—
Old and Infirm Persons	150	63	14	13	5	—
Bona-fide pedlars, hawkers, etc. ..	141	77	122	7	1	—
Total	1,429	637	852	290	49	—

95. The statistical tables which have been furnished to the Commission by the Department of Local Government and Public Health confirm our observation that in almost every Home are to be found classes not contemplated by the Scheme under which the Home is administered.

96. We desire to state emphatically that in our opinion the County Homes are not fit and proper places for the reception of the various classes which we have found in them, and, therefore, in so far as the Schemes, either through omission to make provision for or through actual commission in bringing together these classes, have conduced to that state of affairs they must on that ground, if on no other, be deemed inadequate and unsatisfactory. We believe that it was originally intended that the Homes should be reserved only for the reception of the aged and infirm poor and chronic invalids, and that separate provision should be made for the other classes. This has not been done.

Reserved even for the classes for whom they were intended, they require, with one or two exceptions, much structural alteration before they can be considered as coming up to the standard of comfort required.

97. The essentials for a County Home are good water supply and sanitary and bathing accommodation, well ventilated wards, good beds, sufficient dormitory accommodation, good kitchen and laundry arrangements and possibly, above all, a sympathetic and maternal administration.

The sanitary and bathing accommodation and the kitchen and laundry accommodation and the day-room accommodation in some of the Homes are extraordinarily bad, whilst the beds and bedding and the ventilation of the wards in some need improvement. The blame for this condition of affairs does not attach wholly to those charged in recent years with the duty of attending to the necessities of the poor, but a continuance of the present conditions would be a serious blot on Schemes adopted for the purpose of improving and humanising the administration of public assistance.

98. In this connection we would like to quote a translation of the foreword written by President Cosgrave for the first Annual Report of the County Galway Board of Health. It runs as follows :—

" It has been well and truly said that kindly care for the poor is the best sign of true civilization, and, again, that the condition of a nation's poor indicated the character of the national mind.

" With the coming of Freedom the people of County Galway were quick to realise that at last it was in their power to end for ever the contemptuous treatment of the poor resulting from the workhouse system, and they set about inaugurating a new system with energy and zeal.

" I have great hope that in County Galway and throughout the Free State the new Schemes established for the better relief of the poor and the better care of the sick, will be administered prudently and humanely, and that these schemes will win for themselves the confidence of the people.

" Let us hope that true kindly charity may spring from the good fortune on which, we believe, our country is entering."

This foreword was written in June, 1923, and we earnestly commend it to the consideration of the Government and all the Boards of Health and Public Assistance in the Saorstát. Its hopes and aspirations are not likely of fulfilment so long as the evils of many workhouses are concentrated in one County Home, and that a Home only in name.

99. The adequacy of the County Homes has, however, to be considered from other points of view, chief of which is their accessibility to the poor of the area they serve.

While we are satisfied that, with some exceptions, the position chosen for the County Home in each area is the most suitable, having regard to all the circumstances and that, provided the Home is reserved for the aged and infirm and for chronic invalids, the institution is of sufficient size to enable suitable accommodation to be provided for these classes, we are of opinion that in some areas, notably the West Cork County District, and the Counties of Clare, Galway, Kerry, Leitrim, Mayo, Tirconaill, and Waterford, the provision of one central Home only for the aged and infirm has caused hardship, and auxiliary provision for these classes or the most feeble of them is necessary. We shall indicate, when dealing with each county separately, the manner in which the provision could best be made.

We shall also at a later stage submit recommendations with regard to the classes whose removal from the County Homes we propose.

County and District Hospitals.

100. Turning to the institutional provision for the sick we find that the policy of one Central or County Hospital has in practice been subject to considerable modification. It will be seen when we come to deal with each county that in some there is a County Hospital only, in others there is a County Hospital supplemented by District or Cottage Hospitals, and in a few counties there are District or Cottage Hospitals only.

101. No clear definition exists of the functions of these different hospitals, but from the evidence of Dr. Stephenson, on behalf of the Department of Local Government and Public Health, we gather that the aim has been to disassociate the treatment of the sick from other forms of poor relief, and that in pursuance of that aim the County and District Hospitals have been established. It was the intention that the County Hospital should be a fairly well equipped institution, in which medical and surgical treatment for all forms of disease would be available.

102. Dr. Stephenson's evidence also indicates that much higher qualifications

are required for the medical officer of a County Hospital than a District Hospital, and that among the duties of a medical officer of a County Hospital is the duty of acting as consulting surgeon to the medical officer of any district hospital or other county institution, and in case of urgency or in the absence of the medical officer of such hospital or institution to perform all such surgical operations as may be required.

103. The main object of the reformed hospital system is to establish, without overlapping or duplication, in the most accessible centres of population, public hospitals where the poor are likely from the medical assistance available to obtain modern and skilled treatment in surgery and medicine. In each County or County Health District the normal provision would be one fully equipped central hospital, with district or cottage hospitals as auxiliaries where distance and population justified such auxiliaries. We are in full accord with this policy, and are of opinion that where fully developed it will provide the necessary institutional relief for the sick, but in some instances the accommodation provided falls far short of what the scheme must be considered to contemplate, and instead of being an improvement on what existed before is rather the reverse. We are not in sympathy with the attempt to preserve, in small towns, district or cottage hospitals on the plea that the distances to the central hospital are too great. There are instances to which we shall refer where this plea of distance has some force, but we believe that what the poor look for and desire is competent and skilled treatment in a hospital which has established for itself a record of efficient and sympathetic administration and that, given such a hospital, distances of twenty to twenty-five miles will not deter them from availing of it in areas where there are good roads and modern means of transport; but the accommodation must be such as to attract the poor and sufficient to admit of their being received as occasion arises and in priority to those who are able to pay.

104. Every county hospital should have a good and ample water supply, sufficient bathing and sanitary accommodation, proper lighting, and a suitable laundry and kitchen. The wards should be capable of being properly heated and there should be observation and convalescent wards, a maternity department of at least two wards, and a well-equipped and well-lighted operation theatre.

A nursing and domestic staff should be maintained in proper proportion to the number of beds and sufficient to provide reasonable hours of recreation. The arrangement of the duties of the staff should be such as to obviate continuous night nursing over long periods by any of its members.

District or cottage hospitals should to a large extent be replicas, though on a much smaller scale, of the central hospital.

105. We consider every county and district hospital should have an extern department commensurate with its size and importance. The extern department would deal with cases referred by the dispensary medical officers and with patients who, after discharge from hospital, required further attention.

106. The centres chosen for the county hospitals are, as a rule, suitable, but the hospitals themselves are not, in some instances, up to a reasonable standard nor is the accommodation sufficient, while in others the development is taking place on lines that are not consistent with general policy of complete severance from ordinary poor relief.

107. The County Hospitals as established or in process of establishment in the counties of Galway, Meath, Wexford, Offaly, Monaghan and, so far as buildings are concerned, in County Limerick, promise to fulfil the requirements of Central County Hospitals, and particular credit must be given to the Boards of Health in the counties of Galway, Meath and Wexford for the enlightened and generous manner in which they undertook the establishment of modern general hospitals for their areas. It must not be understood by this that we consider the establishment of a central hospital in a county of the size and configuration of Galway as being adequate provision for the sick poor of the county. We shall submit our observations on the adequacy of institutional accommodation when dealing with the Counties separately.

We would like to give a similar meed of praise to the Board of Health in County Limerick, where an excellent hospital equipped in every way as a modern medical and surgical hospital has grown up on the site of the old Croom Workhouse, but we are not satisfied that the site of this hospital is suitable and that it will be found ultimately to render the service which we conceive a County Hospital should render. To this we shall make further reference when we come to deal with Limerick County.

108. In Laoighis the County Hospital, so far as it goes, is working on right lines, but the accommodation is insufficient, and as a result a District Hospital has to be maintained at Abbeyleix, only about 10 miles distant.

In the counties of Cavan, Longford, Mayo, Roscommon and Sligo, although the schemes provide for a Central or County Hospital in each county, we find that such has not yet been established, but that instead the County Infirmaries have been taken over by the Board of Health and have been established as County Surgical Hospitals, in charge, except in Sligo, of resident surgeons, the medical cases being relegated to wards in the County Home under different management and control.

We cannot approve of this arrangement. It is, in our opinion, calculated to lead to friction between the two hospitals and not inure to the benefit of patients whose transfer from one to the other may at times become necessary.

Further, it violates absolutely the idea of separating the treatment of the sick from the relief of the poor.

We recognise that in some of the district hospitals, which we shall refer to later, it is desirable and even necessary to relax the strict segregation of the two classes of relief, medical and ordinary, but we cannot concede that it is in the true line of development to do this in the Central or County Hospitals, and we hold strongly that a County Hospital should be an institution under one control in which both medical and surgical cases are treated.

In Counties Clare and Tirconaill, although the Schemes provide for a County Hospital at Ennis and Lifford respectively, we find on visiting the hospitals that in fact these so-called County Hospitals are little more than district hospitals.

109. Most of the district hospitals are situate in old workhouse buildings, and while exception cannot be taken in every case to this we think that unless they can be effectively cut off from the unoccupied portions of these old buildings the location will not ultimately prove satisfactory, and modern small hospitals will have to be provided.

110. Turning to the accommodation provided under the Schemes for the isolation and treatment of persons suffering from infectious and contagious diseases, fever cases, as they are commonly called, we find that the closing of the workhouses, each of which had generally a fever hospital attached, has considerably reduced the facilities for this class, but on the whole it does not appear that the existing accommodation is inadequate, except in the counties of Galway, Mayo, and Tirconaill. In some counties (*e.g.*, Laoighis, Tipperary S.R., Wicklow, Wexford, South Cork, and Waterford) the provision made is not suitable, for reasons which we shall refer to in our observations on the institutional arrangements in each of these counties.

The provision in Poor Law institutions for persons suffering from Tuberculosis.

111. The treatment of tuberculosis has been the subject of special legislation, which set up administrative machinery unconnected with poor relief. We find many cases of tuberculosis in the county institutions, but a large proportion of these are not maintained as persons eligible for relief under the Poor Law but by agreement with the authorities entrusted by law with the organisation of measures for the prevention and cure of this disease.

To make the position clear it is necessary to refer back to the Tuberculosis Prevention Act, 1908, which gave the County and County Borough Councils power to provide hospitals (including sanatoria and dispensaries) for the treatment of persons suffering from tuberculosis or to enter into agreements with existing institutions. The Councils acted through committees, commonly called the Tuberculosis Committees.

Very little progress was made under this Act, but when the National Insurance Act, 1911, came into operation funds became available from three sources: (1) From the Insurance Committee, which under the Act of 1911 was set up in each administrative county and county borough to make arrangements for treatment with suitable persons or local authorities other than Poor Law authorities. To this Committee there was payable out of the Health Insurance Fund a sum of 1*s.* 3*d.* in respect of each insured and exempt person resident in its area for the purpose of providing Sanatorium Benefit. By Sanatorium Benefit is to be understood treatment in sanatoria or other institutions or in tuberculosis dispensaries or in patients' homes. (2) From a fixed grant made by the Government to assist capital expenditure, the Sanatorium Grant. (3) An annual contribution by the

State equivalent to one-half the cost of an approved scheme for dealing with tuberculosis.

Approved schemes have now been adopted in twenty-two counties and in two county boroughs.

Some counties made arrangements for sanatorium treatment with existing institutions, such as Peamount, Newcastle, and Heatherside Sanatoria; but in others (Clare, Monaghan, Kilkenny, Tipperary N.R., Galway, and Cavan) small sanatoria have been established.

The Local Government Act, 1925, section 76, removed the barrier to arrangements being made by the Insurance Committees with Poor Law authorities and also abolished the Tuberculosis Committees appointed by County Councils and transferred their duties to the Boards of Health. A result of these changes in the law is that the Board of Health as the local authority administering the Tuberculosis Acts, have made arrangements with themselves as the Poor Law authority for the admission of tuberculosis cases to special wards in the County Homes or in the District Hospitals.

112. Until recent years the segregation of advanced cases of pulmonary tuberculosis did not attract the same attention as the curative treatment of incipient cases, but now the importance of making satisfactory arrangements for the isolation of those in the advanced and infective stages of the disease is recognised, and various methods have been adopted to meet the need for accommodation for this class. In Galway a private residence in its own grounds, outside the city, has been acquired; in Wexford the old County Fever Hospital at Enniscorthy, a very unsuitable building in its present condition, is utilised; in Dublin and Cork the resources of private institutions are availed of, but in the counties of Carlow, Kerry, Leitrim, Mayo, Sligo and Waterford, there are special wards in the County Homes, and in Tirconaill, Louth, Limerick, Laoighis, Tipperary S.R., there are special wards in District Hospitals.

Whilst recognising the difficult problem presented by the advanced cases, many of whom will not be received in or have been sent home from the larger sanatoria, we do not think that the County Home is the proper place for them, or that they should be admitted to the district hospital, unless they can be completely isolated.

113. Some of the arrangements we have seen leave us under the impression that the precautions against infection are not sufficient, and we would like to see more generally followed the lead given by the Counties Galway and Monaghan in providing sanatoria distinct from the County Home or District Hospital, where both incipient and advanced cases are received.

114. With regard to the treatment of non-pulmonary tuberculosis arrangements have been made in existing General, County and District Hospitals throughout the Saorstat for its treatment. Fifty-two such institutions have been approved for this purpose by the Minister for Local Government and Public Health. In this connection reference must be made to the hospital which has been established by the Sisters of Charity at Cappagh, Finglas, for the treatment of curative surgical tubercular cases in young children. The children are taken at fees varying according to circumstances from 21s. to 28s. per week. The hospital accommodates over 70 beds and is fully occupied, and there is a demand for a larger number.

The Sisters have been endeavouring to extend the Hospital to meet the great demand for admission out of their own resources, but have found it impossible to complete the extensions necessary, owing to lack of funds.

The Hospital appeared, when visited, to be doing extraordinarily good and necessary work. It seems a pity that for want of means the extensions should have to be delayed.

Extern institutions and inter-county arrangements.

115. In providing for the relief of persons eligible for relief the Board of Health is not restricted to the institutions established under the County Scheme. There is in each Scheme a clause under which the Board is empowered to send to and maintain cases in approved extern institutions or hospitals. This provision is largely availed of in sending inmates to special institutions or for treatment in the large general hospitals in the cities, but as already stated it is little exercised in the matter of inter-county arrangements. Many county institutions (e.g., the

District Hospitals at Athlone, Ballyshannon, Clonmel, Drogheda, Birr, and New Ross) are within easy reach of parts of neighbouring counties. We think such hospitals should be accessible to the poor in the surrounding districts, including those districts outside the county boundary, and the Minister should have the power to require the Boards of Health to make arrangements for this purpose, and to co-ordinate the services provided so that they will render the maximum benefit to the community.

Review of the institutions provided in each county.

We now pass to consider the institutions provided in each county under the Schemes.

COUNTY CARLOW.

116. Under the Carlow County Scheme Order, 1923, the institutions to be provided were a County Home at Carlow, a County Hospital at Carlow, and District Hospitals at Muinebeag (Bagenalstown) and Tullow.

An amending Order, issued in January, 1925, provided that instead of a County Hospital at Carlow there should be a District Hospital and Fever Hospital.

The institutions formerly in the County were a Workhouse, with infirmary and fever hospital, at Carlow, and small hospitals at Muinebeag and Tullow. In addition the poor of all classes in those portions of the county known as Baltinglass No. 2 and Idrone Rural Districts, had access to the Workhouse infirmaries and fever hospitals of the Baltinglass and New Ross Unions respectively.

The County Home established under the Scheme is in the old cavalry barracks, Carlow, the military having taken over the workhouse. The buildings and grounds lend themselves to easy adaptation for their new use and are much more suitable for the purpose than the old workhouse buildings.

The Scheme contemplates that the County Home should accommodate the following classes:—Aged and infirm, chronic invalids, harmless lunatics and epileptics, children, unmarried mothers, and maternity cases, and all these classes are to be found in it.

Portion of the accommodation has been set aside for cases of pulmonary tuberculosis and cancer.

There is a maternity department attached to the Home.

The District Hospital, Carlow, is in the old County Infirmary. The building stands in its own grounds and could be extended if necessary. The wards are small and the accommodation altogether amounts to only seventeen beds. Minor operations only are undertaken, serious cases being sent to Dublin.

The Fever Hospital, Carlow, is a separate building situate in its own grounds, about half a mile from the County Home.

The District Hospital, Muinebeag (Bagenalstown) is situated about nine miles south of Carlow. It stands in its own grounds and is structurally in good order, has a good water supply and sufficient bathing and sanitary accommodation. It accommodates 15 beds. There is a small detached fever hospital with two wards.

The District Hospital, Tullow, which is ten miles from Carlow, is a building of the bungalow type erected in 1922, accommodating 16 beds. As in the Carlow Hospital, minor operations only are undertaken. Connected with the hospital by a covered passage is a small fever hospital.

It will be seen that the County Carlow Scheme has not made any substantial change in the number of institutions. The small County Infirmary in the town of Carlow has been brought under the control of the Board of Health and, owing to military exigencies, the barracks at Carlow were adapted as a County Home instead of the workhouse, but as is the case in some other counties, a central well-equipped hospital for the county has not been set up.

The population of County Carlow (34,504 persons) is the smallest of any county in the Saorstat. The length and breadth of the county, measured from extreme points, are about 33 and 20 miles respectively. If Muinebeag and Tullow District Hospitals were not in being we would hesitate to recommend their establishment, but as they have been set up and are fairly equipped, we are not prepared to recommend their abolition.

The town of Carlow is situated on the north-western boundary of the county, and is, therefore, not in a good position for a central hospital and no other suitable centre is available. If a central hospital were established at Carlow, it would be hard to justify from an economic standpoint the retention of district hospitals at

Tullow and Muinebeag, and the closing of these would no doubt meet with considerable local opposition. On the whole the present hospital arrangements seem the most suited to the needs of the county, though we have some doubt whether the actual total number of beds provided between the three district hospitals is sufficient. From the information given to us it would seem that the total accommodation is 48 beds (17 Carlow, 15 Muinebeag, 16 Tullow). If extension should prove necessary it should take place at the Carlow District Hospital.

All cases of infectious disease should be sent to Carlow Fever Hospital for treatment, and the Hospital should be brought up-to-date by the installation of a proper disinfecting apparatus.

County Cavan.

117. The County Cavan scheme contemplated centralising the institutional relief for the county in a County Hospital and County Home, both in the town of Cavan.

Prior to the Scheme coming into force there were three workhouses in the county, viz., Cavan, Bawnboy, and Bailieborough. Cootehill Workhouse, which was also in the county, had been closed for some years and it was at one time proposed to use it as an auxiliary asylum.

Parts of County Cavan were also included in the Unions of Granard, Manorhamilton, and Oldcastle.

Under the Scheme the workhouses at Bailieborough and Bawnboy were closed and Cavan Workhouse utilised partly as a County Home and partly as a County Medical Hospital.

The County Home, which is on the ground and first floors of what was known as the body of the workhouse, presented a cheerless appearance and everywhere looked gloomy and cold. The accommodation provided is not, we understand, sufficient in the winter months.

The Medical Hospital section of the building on the top floor was somewhat better than the Home, but is much handicapped by want of a good water supply. One of the wards was devoted to tubercular cases. These cases will, it is hoped, be moved to the new tuberculosis hospital when the alterations are complete.

In addition to the aged and infirm and chronic invalids to be provided for in the Home under the Scheme, there were unmarried mothers and children. The accommodation for the last-mentioned classes is only moderately good.

There is a maternity department in connection with the Home and Hospital. It consists of only one ward.

The Fever Hospital is a detached building of ten wards in the grounds of the County Home. There is no proper disinfecting chamber.

The County Scheme abolished the Joint Committee of Management of the County Infirmary. The old Infirmary, on transfer to the Board of Health, was turned into a County Hospital. The building is good structurally and generally in good repair. On the male side the sanitary and bathing accommodation is not good, but somewhat better on the female side. There is a good operation theatre and X-ray apparatus.

This Hospital is conducted entirely as a surgical hospital. There is an extern department which deals with about 1,500 cases in the year.

The accommodation, we are informed, is entirely insufficient for the number seeking admission. There is in consequence a waiting list.

The division of the County Hospital into two parts, under separate management, and the housing of one of these in the same building as the County Home is objectionable, and not in accord with the policy of separating the treatment of the sick from the relief of the other classes of poor.

A Tuberculosis Hospital is being provided, with accommodation for 24 beds. The work of construction, or rather reconstruction, was being carried out when the place was visited.

County Clare.

118. There were seven Unions wholly within County Clare, viz., Ballyvaughan, Corofin, Ennis, Ennistymon, Killadysert, Kilrush and Scarriff, and one Union, Limerick, partly in County Limerick and partly in County Clare.

The workhouses utilised under the County Scheme were those at Ennis, Ennistymon, and Kilrush. The workhouses in the other Unions were either destroyed or are not now required for Poor Law purposes.

The new institutions established under the Scheme comprise a County Home

and a County Hospital at Ennis, and District Hospitals at Ennistymon, Kilrush, and Scarriff. In addition to these there is an Auxiliary Home for infant children and unmarried mothers at Kilrush.

The Joint Committee of Management of Clare County Infirmary at Ennis was abolished under the Scheme and the institution transferred to the Board of Health, who have made it the County Hospital.

The County Home is in the old Ennis Workhouse. The accommodation provided is not sufficient, particularly on the male side. Cases for admission have been refused, and old people have, we are informed, had to return on some occasions to places as far distant as Carrigaholt, about 35 miles, and Cross, about 40 miles.

At the time of our visit there were 112 lunatics and imbeciles and idiots in residence, and 18 cases of tuberculosis. The accommodation provided for the lunatics was bad and insufficient, as is also that for the tuberculosis inmates.

The sanitary and bathing accommodation, except in that part of the institution known as the infirmary buildings and sheds, is bad and insufficient. In what was the body of the House there is no intern sanitary accommodation.

There is a good maternity department, but it consists of only one ward.

The removal of the lunatics, idiots and imbeciles of both sexes is essential, if the Home is to be improved. The transfer of these cases elsewhere would set free much needed accommodation for other classes, and the Home could then be brought up to a standard that would be satisfactory.

Kilrush Auxiliary Home is in the old Kilrush Workhouse and was established for unmarried mothers and infant children.

The Home is in a very poor condition of repair. There is no water supply and no bathing or sanitary accommodation, and the lighting is by lamps. The Sisters of Mercy, who are in charge of the Home, are themselves very insufficiently accommodated. They have no proper kitchen or refectory or bathing and sanitary arrangements. It is not fair to expect the Sisters to remain under the conditions as they exist.

The failure of the Board of Health to adapt the workhouse properly for the purpose to which it has been allocated reflects gravely on their administration.

There were 51 women and 105 children in the Home. The number of children over two years of age is 57. Of these 37 attend school outside.

The women are retained in the Home for two years if possible, and an endeavour made to find suitable employment for them on discharge and to keep in touch with them. The number of first offenders is 37. The Home is of sufficient size to permit of separating the less culpable from the degraded, and if the best is to be got from this Home some classification should be made.

The laundry work of the institution and also that of the District Hospital, which is on the opposite side of the public road, is done in a primitive and badly equipped laundry.

This institution serves a useful purpose. It is the only Home of this kind administered under the direct control of a Board of Health. The similar institutions at Tuam and Bessboro (Cork) are conducted on a capitation grant basis.

In the maternity department connected with the Home there is no labour ward. The provision of such is very necessary.

The County Hospital under the Scheme is in the old County Infirmary, Ennis, and requires renovating, both internally and externally, the installation of better bathing and sanitary accommodation and improved lighting. At present it does not reach the standard of a thoroughly equipped County or District Hospital. Without the expenditure of money it cannot be brought up to the standard that is necessary. With district hospitals at Scarriff, Ennistymon, and Kilrush all treating their own cases it cannot be said that this hospital serves the purpose of a County Hospital, and the Scheme has not, therefore, been carried out. Infectious and contagious diseases are dealt with in the Fever Hospital, which stands in the same curtilage and grounds as the County Home, and is supposed to be under the same management as the County Hospital. While the Fever Hospital stands where it is this arrangement as to administration is impracticable The Matron and Medical Officer of the Home do, in fact, look after the Fever Hospital.

Ennistymon District Hospital is in the infirmary of the old Ennistymon Workhouse. This hospital is about a mile and a half from the town of Ennistymon and a good distance from the main road. The old empty workhouse falling into disrepair is in front of it. There is no sanitary or bathing arrangements and

lighting is by oil lamps. No internal or external repairs have been carried out for a long time. The windows are bad and the gutters bad. The stairs are altogether unsuitable for a hospital. All necessary operations for the district are carried out in this hospital. Patients are not sent to the County Hospital. There is no maternity ward; maternity cases are merely screened off in an ordinary ward. The buildings are unsuitable for a District Hospital. A new modern small hospital should be provided.

The Ennistymon Fever Hospital is a small two-storey building in poor repair. One of the wards on the day of our visit was occupied by chronic cases who were kept there either because the County Home was overcrowded or because they were unwilling to go to it.

Kilrush District Hospital is in the old workhouse infirmary, which stands in its own grounds and was separated from the workhouse by the public road. All necessary operations for the district are carried out in the hospital; patients are not sent for operation to the County Hospital. The operation room is not well placed, as patients have to be taken out of doors to reach it. There is no water supply and no bathing or sanitary accommodation.

Fever cases are dealt with in a detached building, which is also without water supply or bathing and sanitary accommodation.

The Kilrush Hospital serves a large district, portion of which must be 50 to 60 miles distant from Ennis, where the County Home is situate. It is desirable on this account that some provision should be made in this area for the reception of the most feeble and bedridden infirm of both sexes who, though not acutely ill, nevertheless require nursing care and to some extent medical supervision, but who owing to the distance will not go to the County Home. If this can be provided by arrangement locally on a capitation basis, without recourse to any public institution, it would, in our opinion, be the best means of supplying the want, otherwise it should be met by the provision of suitable accommodation either in connection with the District Hospital or independently of the hospital.

Scarriff District Hospital is situated in what was a private residence, in a demesne three miles from Scariff, where the Medical Officer lives, and two miles from the village of Tomgraney, where the priest lives, and we are informed that it is difficult at night time to get either priest or doctor. The Hospital is not easy to find, and being removed from the road there should be a notice on the entrance gate to indicate where it is.

The building is not suitable for a hospital. It is angular internally, with narrow passages and narrow stairs, difficult for stretcher cases. The hospital is not properly furnished; there are scarcely any chairs and there are no bed tables or night chairs. We understand that all classes of operations are performed and very few patients are sent to the County Hospital. There is no maternity department.

The sick poor on the Limerick side of County Clare should, by arrangement with the Limerick Borough Board of Health, have access to the Borough Hospital.

County Cork.

119. On the 28th March, 1923, the date of the passing of the Local Government (Temporary Provisions) Act, 1923, there was no Scheme in operation in County Cork. Under Section 3 (2) of that Act the Cork County Council and the Cork County Borough Council prepared a joint scheme for the County and County Borough, which was confirmed with modifications by the Cork Joint County Scheme Order of the 28th April, 1924. The Union administration thus came to an end in Cork later than in any other county except Dublin.

In one important respect the Scheme differs from earlier County Schemes. In other counties the Boards of Guardians were superseded by one Board of Health for the whole county, which was treated as a single administrative unit and the expenses raised by a county-at-large rate. Under the Cork Joint County Scheme the Poor Law Unions are grouped into three districts, called County Districts, and three separate Boards are established and entrusted with the administration of poor relief in the respective districts, which are designated the North Cork, the South Cork, and the West Cork County Districts. The expenses of each District are charged equally over the whole District except in the South County District, where they are first divided between the County Borough and

the remainder of the District in proportion to valuation. In Cork County, therefore, there is not a flat rate raised over the whole county; each County District has its own rate.

We shall first consider poor relief in the county and county borough as organised under the Scheme in three separate administrative areas. We shall then consider the possibility of combining the city and county in one administrative area.

North Cork County District.

120. The North Cork County District comprises the areas included at the date of the Order in the Poor Law Unions of Fermoy, Kanturk, Mallow, and Millstreet. The parts of Kilmallock and Mitchelstown Unions in County Cork had prior to the date of the Order, been transferred to Mallow and Fermoy Unions, respectively.

The institutions to be provided under the Scheme in this District are a County Home at Mallow, a County Hospital at Fermoy, and Cottage Hospitals at Charleville, Kanturk, Mallow, Millstreet, and Mitchelstown.

No hospitals have been provided at Charleville, Kanturk or Mitchelstown; but it is understood that plans have been approved for a hospital in the grounds of the old Kanturk Workhouse.

The County Home is in the old Mallow Workhouse. No improvements of any kind have been carried out. There is no internal sanitary accommodation. The water supply and the bathing accommodation are bad. The female infirm inmates are in a building standing to one side of the main block, in the basement of which are the female lunatics. There is little or no classification between the infirm and the lunatics.

On the male side the accommodation for the lunatics is very bad and overcrowded.

In its present condition the Home is much below the standard required.

Mallow District Hospital is in the infirmary portion of the old Mallow Workhouse. In no way does the accommodation or management of the Hospital fulfil the requirements of a District Hospital.

There is a small maternity department for both married and unmarried cases consisting of only one ward. The number of midwifery cases dealt with in a year was about 40.

Fever cases are dealt with in a detached fever Hospital in the Home grounds sufficient for the purpose, but in a poor state of repair. Male Tubercular cases are treated in top ward of the fever hospital.

Millstreet District Hospital is in the old workhouse sheds, which were formerly used as the workhouse infirmary. The main workhouse buildings were burned. A number of the shed wards were unoccupied and generally the place is dilapidated. There are no intern closets.

At the back of the workhouse buildings is a Fever Hospital, which was not burned. It has been proposed to convert this Fever Hospital into a District Hospital. The Fever Hospital requires repairing and renovating, and we think that if a District Hospital is to remain in Millstreet, the present accommodation, with some expenditure, would be found more homely and suitable.

The County Hospital is at present situate at Fermoy in what was the old workhouse infirmary. The accommodation is provided in two good buildings, one for each sex. If it is to remain as a County Hospital it would be better to have both in one building. By a rearrangement of the wards on the ground floor of the male hospital, the accommodation could be increased from 72 to between 80 to 90 beds. This would be almost sufficient for the district.

On the 26th June, 1926, there were 106 patients in the hospital, but about one-third of these were chronic cases. The previous place of residence of these patients was as follows:—Fermoy Union, 79; Mallow Union, 17; Kanturk Union, 4; Millstreet Union, 6.

From these figures it will be seen that the Hospital principally serves the old Fermoy Union area and that only a relatively small number of patients come from the western and north-western parts of the District.

Fermoy is not by any means the centre of the County District. It is very far distant from the western and north-western portions of the District. Patients for the County Hospital from the districts west of Mallow, are, in fact, first brought

by the Mallow ambulance to Mallow, where they are transferred to the Fermoy ambulance.

The most central town of the District is Mallow. No portion of the old Mallow Workhouse is fit, or could be made fit, for the purposes of a County Hospital. Assuming that the County remains divided into districts it would, we consider, in the long run prove more economical to provide a good modern hospital of, say, 60 to 80 beds at Mallow and dispense with some of the cottage hospitals which the Scheme contemplates. Fermoy might remain as a District Hospital.

Part of the old Fermoy Workhouse is occupied by unmarried mothers and children, whose reception in the institution is not contemplated by the Scheme. The accommodation provided for them is entirely distinct from the hospital. If these classes are to remain it will be necessary to provide proper sanitary accommodation.

South Cork County District.

121. The areas included in the South Cork County District are the Unions of Bandon, Cork, Kinsale, Macroom, Midleton, and the part of Youghal Union that was in County Cork.

The institutions to be provided in this County District under the Scheme are as follows:—A County Home at Cork; a District Home at Midleton; a District Hospital at Cork; Cottage Hospitals at Bandon, Cobh, Kinsale, Macroom, Midleton, and Youghal; and an Auxiliary Home at Bessborough, Blackrock, for unmarried mothers and their children.

No hospitals have been established at Bandon, Cobh, or Macroom.

The Auxiliary Home at Bessborough, although established, is not under the control of the Board of Public Assistance. It is conducted by a religious community and a voluntary ladies committee. Cases sent to the Home by the Board are paid for at a fixed rate.

The County Home is in the Cork Workhouse which is also used partly as a District Hospital. Although the Scheme provides that there shall be a County Home and a District Hospital, what is actually provided is a Joint Home and Hospital.

In this Home and Hospital the classification leaves much to be desired. For instance, in one building the female infirm are in a lower ward and in the upper wards are cases of tuberculosis, heart disease, and paralysis. It would, in our opinion, be possible to so classify the institution as to allocate definite and distinct parts to Home and Hospital, and we strongly urge that this should be done, as in its present condition it is difficult to describe it as either a Home or a Hospital.

There were 141 lunatics, imbeciles and idiots in the Home.

There were also 23 unmarried mothers and in the nursery 55 children, some of whom were of school age, but getting no schooling. The Scheme does not contemplate either of these classes being in the Home.

There is a good maternity department with separate accommodation for the married and unmarried.

Casuals are still admitted, but the weekly average is less than seven.

There is a detached Fever Hospital (70 beds) in the grounds.

The Midleton Auxiliary Home and District Hospital is in the old Workhouse. There are no internal sanitary arrangements, the bathing accommodation is bad, and lighting is by lamps. Midleton is only 14 miles from Cork and we do not see sufficient reason for the establishment of an Auxiliary Home there.

There were in the Home a small number of lunatics and 11 unmarried mothers and 12 children. The Home is not intended for the last two classes.

The District Hospital is in the old workhouse infirmary. Minor operations are done; serious cases are sent to Cork.

Outside the Workhouse premises is a Fever Hospital, which cannot be described as good.

There is no Hospital at Bandon, but we visited the premises which were formerly used as such. The steep approach and general condition render the place quite unsuitable.

Kinsale Cottage Hospital is in what was a private house. It is in bad repair, with poor sanitary accommodation and altogether unsuitable for a hospital. There is no separate maternity ward.

Youghal Cottage Hospital is in the old workhouse infirmary. All classes of operations are undertaken. There is a small maternity ward to which respectable married women are admitted, other cases being sent to Cork.

The Fever Hospital at Youghal, a detached building some distance away from the old workhouse, is in a bad state of repair and should be either closed or put in order. The proposal to use one end of the Cottage Hospital for Fever cases would obviate the necessity for using the present Fever Hospital, should it be considered desirable to retain a fever hospital at Youghal.

It will be observed that in the South Cork County District the Scheme does not provide for a Central or County Hospital; the Hospital accommodation in the old Cork Workhouse is classed as a District Hospital. There are six medical officers attached to the District Hospital, and there is available in case of necessity a large number of medical men in the city of Cork, some specialists in their own branches. If we consider only the medical skill at the service of the patients and the number and nature of the operations carried out, this hospital is on a level with the best of the County Hospitals.

We see no reason why in this County District the policy of establishing a County Hospital should be departed from. Given such an institution with an efficient motor ambulance service, we are inclined to the opinion having regard to the fact, that the distance from Cork to the furthest point in the district is not more than 30 to 35 miles that three out of the six cottage or district hospitals which are to be provided under the Scheme would not be necessary. Possibly, the only district or cottage hospitals then required would be Youghal and Macroom. The fever hospital accommodation might also be centralised in Cork City.

West Cork County District.

122. West Cork County District comprises the Unions of Bantry, Castletown, Clonakilty, Dunmanway, Skibbereen, and Skull, all of which had workhouses.

The Scheme provides for the establishment of the following :—A County Home at Clonakilty; a County Hospital at Skibbereen; Cottage Hospitals at Bantry, Castletown-Berehaven, Clonakilty, Dunmanway, and Skull. It, therefore, contemplates an institution of some sort wherever there was a workhouse.

No hospital has been established at Skull.

The County Home is in the body of the Clonakilty Workhouse, one of the most primitive institutions in the country. It is doubtful if it has been improved in any way since it was built. The walls are unplastered, the water supply is poor, and the kitchen is not good. The sanitary accommodation is very bad. Except that the number of inmates have been increased the adoption of a County Scheme has not brought about much change.

The County Home is not centrally situated; it is about 80 miles distant from some parts of the District.

The County Hospital, so called, is at Skibbereen. It is a neat, newly-built, little hospital of 24 beds, well planned, and with good sanitary and bathing accommodation. Although designated a County Hospital, it serves practically only the area of the old Skibbereen Union, and is, in fact, therefore, a District Hospital.

Fever cases are received in a range of buildings in th old workhouse grounds.

Bantry Cottage Hospital is in course of construction at present, and is situate on site of the old workhouse, which was burned, and from what could be observed, it is likely a suitable and up-to-date hospital will be provided. A Fever Hospital is also being reconstructed on site of old workhouse fever hospital.

If a hospital of sufficient size and equipment were established either at Bantry or Skibbereen there would be no necessity for hospitals at Dunmanway and Skull.

There is, however, established in Dunmanway a District Hospital in the old Fever Hospital attached to the workhouse. The general state of repair is bad, and there is no proper water supply, closets or bathing accommodation. The old board room of the workhouse, which it is proposed to convert into a cottage hospital, would probably provide more suitable accommodation if a hospital is retained at Dunmanway.

The hospital accommodation in Castletown-Berehaven is in the old workhouse infirmary. The general condition of the hospital is very poor and there is no proper water supply, closet or bathing accommodation. There is no maternity department.

A suitable district hospital is required at Castletown-Berehaven, and this hospital, as well as that at Bantry, should be made available for the poor in parts of Kerry south and south-east of Kenmare.

Having regard to the distance of the district around Castletown-Berehaven from the County Home, provision should be made there either in connection with

the district hospital or otherwise as may be thought best for accommodation for the more feeble infirm of both sexes.

The remaining District Hospital is in the infirmary of the Clonakilty workhouse. Of 62 patients in the hospital, only 20 were acute cases the rest being chronic. The district hospital is, therefore, to a large extent, an auxiliary to the County Home, which is in the body of the workhouse. The Home and Hospital together differ only in name from the old workhouse.

Fever cases are received in Clonakilty in a small detached building, which has no bath and only one water closet.

Reduction of the number of administrative areas in Cork.

123. We have now to consider the possibility of treating both the county and the city of Cork as an administrative unit.

Admitting that Cork is a large county and that many parts of it are far distant from the city, we think, nevertheless it might be possible and advantageous to combine the three County Districts in one administrative area.

The City is as it were the nerve centre of the whole county, and we believe that the establishment in the city of an efficient county home and a county hospital system would, in the long run, lead to economy and would not injure the poor.

So far as the establishment of a county home is concerned no difficulty exists, as there is ample accommodation in the old Cork Workhouse. The establishment of a county hospital system for both county and city is, however, a problem of greater difficulty.

At present there is under the control of the Board of Public Assistance for South Cork a district hospital in Cork City, located in what were the infirmary wards of the workhouse, and there is a fever hospital in the workhouse grounds. In addition, there is in Cork City under the control of independent committees two county infirmaries and a county fever hospital.

The county infirmaries are admirably managed institutions very well equipped, particularly the North Infirmary, which has an X-ray and extern department, of which any hospital might be proud. Their revenue is derived from paying patients, from other private sources (subscriptions, donations, and endowments), and from public funds. Each infirmary has an excellent medical staff, and are training institutions for both students and nurses. Several Boards of Health in the South send patients to these infirmaries, particularly the North Infirmary, so that, to some extent, they supplement the County Hospitals.

We believe that by friendly co-operation between the authorities administering these various hospitals in Cork a scheme for a county hospital system in Cork City for the entire area of the County and City might be evolved which would be of advantage to both the poor and the ratepayer.

If a central scheme for both Home and Hospital were adopted the County Homes at Mallow and Clonakilty might, in our opinion, be dispensed with, and small district hospitals would only be required at Bantry, Castletown-Berehaven, Fermoy, Mallow, Macroom, Skibbereen, and possibly Youghal, in each of which places accommodation for a small number of the most feeble and bed-ridden infirm of both sexes would also be required either in connection with the hospital or otherwise, as might be thought best.

COUNTY GALWAY.

124. There were formerly ten workhouses in County Galway. Three of these, Galway, Loughrea, and Tuam, have been utilised in connection with the new institutions. Of the remaining seven, Clifden, Oughterard, and Gort were burnt, the others, Ballinasloe, Glenamaddy, Mountbellew, and Portumna, are unoccupied.

Under the County Scheme Order, 1923, the institutions to be provided for the whole county are as follows :—A County Home at Loughrea ; a County Hospital at Galway ; and a Children's Home at Glenmaddy. The Children's Home is now at Tuam, otherwise the institutions actually provided are as contemplated in the scheme.

It will be observed that in this county, which in area is second only to County Cork, no district hospitals are provided.

The Board of Health have spent a considerable sum in raising the standard of

comfort in the County Home at Loughrea to a higher level than was to be found in the workhouses. The water supply and the sewerage system have been improved, the kitchen and laundry remodelled, and a dining room and recreation rooms provided.

The Home seemed on date of visit to be fully occupied and it appeared from the evidence that in the winter of 1924-25 the number of inmates reached 520. If this number is to be expected normally in the winter, further accommodation would be required. At the beginning of 1926 there were 162 lunatics in residence. The transfer of this class to an auxiliary mental hospital would probably release sufficient accommodation to meet the needs of the old and infirm and chronic invalids. We are not, therefore, prepared to recommend the provision of additional accommodation at present.

The position of the County Home appears at first sight to ignore the claims to consideration of the western and northern parts of the county. The difficulties in the matter of the selection of a site have, however, to be realised. Clifden and Oughterard workhouses were burnt, Galway workhouse it had been decided to use for the central hospital, and Loughrea workhouse was undoubtedly the most suitable of the remaining buildings.

The County Hospital at Galway may be divided into three : a Medical and Surgical Hospital, a Maternity Hospital, and a Fever Hospital, all of which are excellent institutions with modern equipment. The hospitals, including the laboratories and research departments are used by the Medical School of the University for instruction. Whether having regard to the value of the hospitals as training centres the rates should be called upon to bear the whole burden either of their equipment or maintenance is a matter which might be taken up by the Local Authority with the University Authorities, but in doing so it must be remembered that the Hospitals derive benefit and prestige from their connection with the medical faculty of the University.

We received evidence on behalf of the outlying areas, Ballinasloe, Clifden, and Portumna, that the arrangements embodied in the Scheme by which all hospital facilities are centred in Galway press heavily on the sick poor in these parts of the county.

Portions of the Clifden area must be 70 miles distant from the town of Galway and of the three areas is certainly the worst situated, it being impossible for arrangements to be made for admission of the sick poor to any neighbouring hospital, as there is none within reasonable distance.

We recommend the establishment of a district hospital in Clifden and having regard to its isolated position, and the great distance of portion of its area from Loughrea, the site of the County Home, we consider that there should be provided in connection with the hospital or otherwise accommodation for the most bed-ridden and most feeble infirm cases. While no evidence was given with regard to the south-western portion of Connemara, it may be ultimately found necessary to establish a cottage hospital in some portion of this area which would enable the sick poor of the islands to be within reach of hospital treatment.

In regard to Ballinasloe and Portumna, both are on the extreme boundary of the County, Ballinasloe being almost due east and Portumna south east of Galway, and both are almost equidistant from Galway town, about 40 miles. They are only about 15 miles distant from one another.

All things considered, we are inclined to think that a district hospital would be justified at Ballinasloe, arrangements being made for the admission of sick poor from portions of County Roscommon.

The Portumna area would partly be served by this hospital and for the present, at all events, we are not prepared to recommend the establishment of another district hospital at Portumna.

Provision for the reception of fever cases should be made at both Clifden and Ballinasloe.

The Children's Home at Tuam is for children and unmarried mothers. This Home is conducted by the Bon Secours Sisters, who are paid by the Board of Health at a fixed weekly rate for each inmate. It was arranged that the Board of Health should put the Home in order, but up to the time of our visit (October, 1925) this has not been done, and signs of dilapidation and decay were painfully evident Its continuance in the condition in which we saw it would be a grave injustice to the Sisters and militate very much against its usefulness for the purposes to which it has been allocated.

County Kerry.

125. The Unions formerly in County Kerry were : Caherciveen, Dingle, Kenmare, Killarney, Listowel and Tralee. A small part of Listowel Union was in County Limerick, otherwise all the Unions areas were wholly within the County.

There was a County Infirmary in Tralee and County Fever Hospitals at Killarney and Tralee (Moyderwell). Under the County Scheme the Joint Committees of Management of these Institutions have been abolished.

The County Scheme Order, 1923, provided for the establishment of two institutions only, viz., a County Home at Killarney, and a County Hospital at Tralee. This was subsequently amended, and the following additional institutions were to be provided :—District Hospitals at Listowel, Killarney, Dingle, and Caherciveen, all of which have been established, and a Children's Home at Kenmare.

The County Home at Killarney is in part of the old workhouse. Many of the wards, particularly the infants' ward, are overcrowded, and neither the water supply nor sanitary accommodation is good.

The male lunatics and some of the aged and infirm inmates are in a range of shedding running alongside the road which might be deemed almost unfit for habitation.

The Scheme provides for the reception in the County Home of aged and infirm persons, chronic invalids, children, and unmarried mothers. It does not provide for the reception of lunatics.

The Children's Home at Kenmare has not been established. This Home was to be for orphan and deserted children or children whose parents are in any institution provided under the County Scheme other than a hospital. It would appear that it was intended to keep the mothers in the County Home and the children at Kenmare. This Home if set up for children only would not therefore, be of the same type as the Homes at Tuam and Kilrush, and confined only to children of County Kerry would be too large.

It seems to be the practice in the County Home to refuse to discharge unmarried mothers with their children for a period of three years. There is no statutory power to do this at present.

The County Hospital at Tralee is in three sections : the medical section in portion of the old Tralee Workhouse, the surgical in the old County Infirmary, and the fever in the male infirmary of the workhouse.

The three sections of the County Hospital are each under separate control.

The medical hospital, which is a mile or more from the surgical hospital, provides very poor accommodation. The sanitary and bathing and lighting arrangements are bad. The part set aside for maternity cases is not in any way fitted for such.

The surgical hospital in the old County Infirmary with 29 beds is entirely insufficient for the County. There is a waiting list, and in order to make room for new cases, patients have often to be transferred to the medical hospital before they are recovered. There is a useful extern department in connection with this hospital.

The fever section in the male infirmary of the old Tralee Workhouse is not any better than the medical hospital in its general arrangements.

Grouping these three institutions, we have not seen worse accommodation styled a County Hospital, and we think the present state of things should not be allowed to continue.

Two alternatives seem to be open both of which would bring the medical and surgical sections of the County Hospital together: (1) The opening of the old Moyderwell Fever Hospital (a building which, we understand, has now reverted to the lessor) as a medical and surgical hospital. This is a large building, and would probably accommodate 60 to 70 beds, and further accommodation could be provided within the grounds attached to the building or on adjoining land which might be obtained, or (2) The conversion of the entire old workhouse, including the male infirmary, where the fever cases are at present, into a modern hospital for both surgical and medical cases. Fever cases would have to be sent elsewhere.

Either scheme would involve heavy expenditure, but it appears to us essential in the interests of the sick poor that the Board of Health should come to a decision as between these alternatives.

The Caherciveen District Hospital is located in the old Union Fever Hospital building. The building is dilapidated and there is no water supply or bathing accommodation, although both medical and fever cases are treated there.

The Killarney District Hospital is in the front portion of the old Killarney Workhouse. The accommodation is good. This Hospital, which can be completely cut off from the County Home, serves a useful purpose. Fever cases are treated in a detached building in its own grounds some distance from the County Home and District Hospital.

Listowel District Hospital is in the infirmary portion of the workhouse. The water supply and the sanitary and bathing accommodation are fair, but the laundry is very bad. Provision is made for maternity cases. There is a detached Fever Hospital in fair order and with sufficient accommodation (28 beds).

These hospitals at Listowel are necessary. They serve a large poor area, portion of which is 25 to 30 miles from Tralee, where the County Hospital is, and over 40 miles from Killarney County Home. Provision should be made in connection with the hospital for two wards for the bedridden and most feeble infirm cases of both sexes. There is reason for thinking that many poor people who required care preferred to remain in altogether unfit surroundings rather than go to the County Home.

To devise a suitable and adequate scheme of institutions for Kerry is difficult owing to the irregular shape and mountainous character of the county. District Hospitals are, we consider, necessary on both the Dingle and Caherciveen promontories, and accommodation should be provided at Dingle, either in connection with the hospital or otherwise for the aged bed-ridden poor of both sexes.

County Kildare.

126. County Kildare formerly comprised parts of five unions: Athy, Naas, Celbridge, Edenderry, and Baltinglass. The first three Unions mentioned had workhouses within the county.

The Workhouse of Athy Union is now used as the County Home, the infirmary portion of Naas Workhouse has been made the County Hospital, the Fever Hospital of Naas Workhouse functions under the Scheme as the county institution for the treatment of contagious and infectious diseases, and Celbridge Workhouse is unoccupied.

The Kildare County Scheme Order, 1923, does not bring the County Infirmary at Kildare under the management of the County Board of Health.

In the County Home, Athy, are the following classes:—Aged and infirm, chronic invalids, expectant mothers, mental defectives, unmarried mothers and children. The County Scheme contemplates the admission of the first three classes only.

Except that the sexes are separated there can scarcely be said to be any classification.

There is a maternity department in the Home.

The sanitary and bathing accommodation in the Home is defective.

The County Hospital at Naas has about 85 beds. There is no operation theatre. Generally speaking, the buildings are unsuitable and it is doubtful whether they could be converted into a modern hospital, and, moreover, the hospital is not centrally situated for the county.

Naas is comparatively close to the City of Dublin, and the necessity for a County Hospital might be obviated if arrangements were made with some of the Dublin hospitals and also with the County Infirmary at Kildare for the reception of medical and surgical cases and district hospitals established at Naas and Athy.

If the County Hospital is retained at Naas we are of opinion that the claim of the town of Athy to have a small district hospital should be admitted. In addition to the Workhouse hospital that was formerly in Athy, there was a fever hospital, which was established in 1850 and handed over in 1874 to the Guardians of the Poor of Athy Union, who maintained it until the abolition of the Board of Guardians in 1922. This fever hospital, which is not now utilised, is in good repair, and would be suitable for a district hospital.

The County Infirmary appeared to be a well-managed institution of 40 beds, with a good operation room and X-ray installation. Were it not that it does not easily admit of extension, we would have no hesitation in recommending that efforts should be made to take it over by agreement as a County Hospital. With a County Hospital at Kildare no further hospital accommodation for the County would, in our opinion, be necessary.

County Kilkenny.

127. Of the five workhouses that were within County Kilkenny—Kilkenny, Thomastown, Castlecomer, Callan, and Urlingford—the first three mentioned have been utilised either wholly or partly, for the new institutions under the County Scheme.

The County Home is in the old Thomastown Workhouse. The medical side of the County Hospital is in Kilkenny Workhouse, the surgical side is in the County Infirmary at Kilkenny, and fever cases are treated in the old Kilkenny Fever Hospital, a detached building situate a short distance from the old County Infirmary.

The Infirmary of Castlecomer Workhouse is used as a District Hospital, and impressed us favourably.

The Scheme provides for the reception and maintenance in the Home of aged and infirm persons, chronic invalids, children, expectant unmarried mothers, and harmless lunatics and idiots. There were a small number of imbeciles in residence at the time of our visit but no harmless lunatics, otherwise all the classes above mentioned were represented among the inmates, and, in addition, there were 38 unmarried mothers in the Home, only 8 of whom were first offenders.

The water supply to the Home is bad, and the bathing and sanitary accommodation very bad, and the standard of comfort from a Home point of view poor, little effort being made to brighten the lives of the aged and infirm or to reform those who, through moral weakness, were obliged to seek shelter there.

A maternity department is administered in connection with the Home. The accommodation provided is insufficient.

The County Hospital is, as already stated, divided into two sections, medical and surgical, the former being in the old Kilkenny Workhouse and the latter in the County Infirmary. Although not in one building they are under control of one medical officer, and the buildings in which they are located are used only for the care and treatment of the sick and have no connection with other poor relief services. We have, therefore, no fault to find with the arrangement.

The County Surgeon is a full time officer, and has apartments in the old Workhouse buildings.

The District Hospital at Castlecomer serves the area of the old Castlecomer Union. In the original County Scheme it was provided that this hospital be kept open if the mine-owners and miners gave a joint guarantee to pay half the cost of maintenance. Castlecomer is only 10 miles from Kilkenny, and if it were not that it is a mining centre it would seem to us scarcely necessary to have a hospital there.

Laoighis.

128. The Unions of Athy, Carlow, and Roscrea extended into Laoighis, but these Unions had no institutions within the county. Abbeyleix Union was wholly within the county and Mountmellick Union comprised the northern portion of the county and a small part of Offaly. There were actually in Laoighis only two workhouses, Mountmellick and Abbeyleix.

Mountmellick Workhouse has become the County Home and the Infirmary of the Abbeyleix Workhouse is now classed as a District Hospital. The County Hospital is in the old County Infirmary at Portlaoighise. There has, therefore, been no change in the number of institutions within the County, but these institutions now serve a somewhat larger area.

The County Scheme Order, 1923, provides that the County Home shall be for aged and infirm persons, chronic invalids, epileptics and idiots. There are, however, in residence in the Home in addition to these classes, unmarried mothers, lunatics, and children.

It did not appear from an inspection of the institution that any great effort had been made to justify the change in name from Workhouse to Home.

A maternity department is provided in connection with the Home. The accommodation is not good.

The County Hospital at Portlaoighise is conducted in conjunction with the District Hospital at Abbeyleix. The name District Hospital is somewhat of a misnomer in this case, as it seems that medical cases from all parts of the county are received in Abbeyleix, the County Hospital getting the more acute and the serious operation cases.

When visited the County Hospital had 25 male and 16 female patients, and could not accommodate any more. It would not, therefore, be possible at present to transfer the cases at Abbeyleix to the County Hospital and close the District Hospital; but we would see no objection to such a proposal if sufficient accommodation were provided at Portlaoighise. There is ample ground around the County Hospital to allow of its extension.

Provision for maternity cases (respectable women) is made in Abbeyleix Hospital. Urgent cases of any sort are always admitted.

The accommodation in the county for infectious diseases is very bad and altogether unsuitable. It consists of three wards on the female side of Abbeyleix District Hospital.

County Leitrim.

129. To give effect satisfactorily to a policy of central institutions is, for geographical reasons, difficult in County Leitrim. It is a long, narrow county divided into two parts, North and South, of almost equal size by Lough Allen. North Leitrim comprises the rural districts of Manorhamilton and Kinlough and South Leitrim the rural districts of Ballinamore, Carrick-on-Shannon No. 1, and Mohill.

The area, valuation, and population of the two parts are as follows:

	Area.	Valuation.	Population.
North Leitrim:	187,017 acres	£54,808	21,782
South Leitrim:	205,740 ,,	£85,117	34,106

It will be seen from this that South Leitrim has the greater population, the higher valuation and the larger area.

The County Home and the County Hospital are both at Manorhamilton in North Leitrim. In addition to these institutions there is a District Hospital at Carrick-on-Shannon, which is on the north-western border of South Leitrim.

There were formerly within the County three workhouses, Carrick-on-Shannon, Manorhamilton, and Mohill. There was also a County Infirmary at Carrick-on-Shannon.

The body of the old Manorhamilton Workhouse is used as the County Home and the old Workhouse infirmary at the back of the Home is used as the County Hospital. Except the Fever Hospital, in which there were no patients on the date of our visit, no part of the old Carrick-on-Shannon workhouse is used. Mohill Workhouse is also closed. The Carrick-on-Shannon District Hospital is in the old County Infirmary, which was absorbed by the Board of Health.

The relationship between the County Home and the County Hospital at Manorhamilton is very close, and it is difficult to disassociate the two although they are under different management, the Hospital being under the care of a religious community and the Home under lay management. The hospital can only be approached through the grounds of the Home.

In the County Home the standard of comfort is low; the walls of the wards are not plastered; there is no bathing accommodation, and except a flush closet in each of the yards, no sanitary accommodation. Except on the ground floor there is no method of heating any of the wards. The kitchen is poor and the laundry primitive.

The County Hospital is in the old workhouse infirmary at the back of the Home. It is a clean well-kept hospital with a good water supply and lighted by electric light. There is a good operation room and two small wards for paying patients. The maternity department consists of one ward.

The fever hospital behind the County Hospital is in good order and has bathing and sanitary accommodation.

The Carrick-on-Shannon District Hospital in the old County Infirmary is a rather gloomy damp building with poor sanitary annexes off the wards. The water supply is not good.

Fever cases coming to Carrick-on-Shannon are treated in the old workhouse fever hospital. The whole place is in a poor state of repair, and has not water supply or sanitary accommodation.

Witnesses from South Leitrim placed a strong case before us as to the unfairness and inadequacy of the arrangements embodied in the County Scheme Order, 1923, which deprive South Leitrim both of the County Home and the County Hospital. We are of opinion that the County Home and County Hospital should have

been located at Carrick-on-Shannon, as being the most easily accessible for all parts of the county.

Limerick County and County Borough.

130. In Cork, as we have seen, the County Borough is for poor relief purposes part of South County District. Waterford County Borough is joined to Waterford County and both areas administered under one Board of Public Assistance. Limerick County and County Borough on the other hand elected to have separate schemes and in doing so we consider that from the point of view of the interests of the poor a mistake was made.

Except in Limerick County Borough the areas of administration have everywhere been enlarged. Limerick County Borough formed only part of the old Limerick Union, and the County Borough Board of Health, therefore, has a smaller functional area than the Guardians of Limerick Union.

The local authorities in Cork and Waterford acted wisely, in our opinion, in framing joint schemes, and an examination of the working of separate schemes in Limerick has strengthened this opinion. The Limerick County Board of Health have incurred heavy expenditure in creating central institutions at Croom and Newcastle West. Whilst not approving of the arrangements made for either the County or County Borough, we cannot see our way, having regard to this expenditure, to propose a radical revision of the Schemes and our recommendations must, therefore, be considered as making the best of circumstances as they are.

County Limerick.

131. The Unions wholly within County Limerick were Croom, Newcastle, and Rathkeale, and the Unions partly within the County were Fermoy, Kilmallock, Limerick, Listowel, and Tipperary.

The workhouses in the county were at Croom, Newcastle, Kilmallock, and Rathkeale. The first two have been used for the new institutions.

The Scheme provides for a County Home at Newcastle West and a County Hospital at Croom.

The County Home is for aged and infirm persons, chronic invalids, idiots, epileptics, advanced cases of tuberculosis, and unmarried mothers and their children. In addition to these classes there were in the Home harmless lunatics.

Considerable expenditure has been incurred in adapting the old Newcastle-West Workhouse to the purposes of a County Home. The sanitary arrangements are good, storage tanks for water have been erected, and a good kitchen, laundry, and engine house have been provided. The general impression of the Home was favourable.

The County Hospital is in Croom Workhouse, which has been remodelled. The alterations will cost about £25,000, and a further sum of £10,000 is being spent on the fever hospital, with a view to making it a County Fever Hospital. Hospital accommodation, excellent in every respect, has been provided for about 150 patients. There is a good maternity department.

The County Infirmary in Limerick City has not been taken over by the County Board of Health. As Limerick County now has a County Hospital at Croom, the necessity for a County Infirmary no longer exists, and we, therefore, suggest that it should be taken over by the County Borough Board of Health and used as a Borough Hospital, extensions being made to it if necessary.

Limerick County Borough.

132. The Scheme provides for a Borough Home and a Borough Hospital. Both institutions are in the old Limerick Workhouse; the Home is in the body of the House and the Hospital is in the old infirmary wards.

The detached Fever Hospital is still used for fever cases.

Limerick Workhouse formerly accommodated over 1,000 inmates. The entire number in the Home, Hospital and Fever Hospital were, at the date of our visit (10th December, 1925), 398. It may be gathered from this that considerable portions of the old buildings are unoccupied. It is difficult to adapt the buildings to the smaller numbers.

Generally speaking, the lighting, bathing, and sanitary arrangements are

unsatisfactory, and considerable expenditure will be necessary to bring the place up to modern requirements.

The workhouse formerly served not only Limerick City, but also large rural areas in Counties Limerick and Clare. The severance of the City from these areas and its complete separation from the County, of which it is the natural centre, has placed it in a difficult position, as it has been saddled with a large range of buildings altogether in excess of its requirements and a staff that seems excessive in number. Further, the restriction of the area of charge has thrown a serious burden on the City ratepayers.[1]

It is difficult to suggest a remedy for the state of affairs that exists ; but with more intimate and friendly relations between the county and city a way may be found of relieving the embarrassments of the city. It must be remembered that the institution at Croom is, in a sense, on trial, and it has yet to be seen whether it will fill the rôle of County Hospital. After a few years it will be possible to estimate its value to the County. It may then be seen more clearly than at present that the proper situation for a central hospital for both County and City is in the City of Limerick.

We are strongly of opinion that arrangements should be come to between the County and the Borough Boards of Health and Public Assistance and between Limerick County Borough and County Clare Boards for the admission on terms to both the City Home and Hospital of the poor in the portions of the counties adjoining the City. It is a great injustice to send poor people within a few miles of Limerick City to Newcastle West, Croom, and Ennis.

County Longford.

133. The Institutions under the Scheme for County Longford have been established in the town of Longford in what was the old workhouse and the County Infirmary.

Longford Workhouse is used as a County Home and partly as the medical section of the County Hospital, and the County Infirmary as the County Surgical Hospital. The other workhouses in the county, Ballymahon and Granard, have been closed.

The arrangement by which the medical side of the County Hospital is situated in the County Home is objectionable.

The County Home is situated in the old infirmary of the workhouse, and has not yet advanced much beyond the poor standard of workhouse comfort. The Scheme provides for the admission of aged and infirm persons, chronic invalids, and expectant unmarried mothers. There are in addition in residence lunatics, idiots, unmarried mothers and children. The accommodation in the maternity department connected with the Home is not good.

The surgical side of the County Hospital is in the old County Infirmary. The accommodation (40 beds) is not sufficient ; patients have to be kept waiting and convalescing patients have to be discharged to the medical section of the Hospital in the County Home.

Fever cases are received in a detached hospital. The building is out of repair, and there is no disinfecting apparatus.

We received evidence in support of a claim for a District Hospital at Granard. We are not satisfied that such a hospital is required in Granard, which is only 15 miles from Longford. We visited the old Granard Workhouse, the Fever Hospital, of which was suggested as the site for this District Hospital. The place from its surroundings and condition of repair is entirely unfit and unsuitable for hospital purposes.

County Louth.

134. The Louth County Scheme centralised the administration by transferring to the Board of Health the duties of the three Boards of Guardians of Ardee, Drogheda, and Dundalk Unions, so far as they related to the relief of the poor in the County, but no central county home or hospital was established. The Drogheda and Dundalk Workhouses became District Hospitals. The other District Hospital at Ardee was in existence prior to the adoption of the County Scheme. The Ardee Workhouse has not been utilised for Poor Law purposes for several years.

[1] See Chapter VIII., Paragraph 298.

The Scheme provides that aged and infirm persons and chronic invalids shall be received into each of the three District Hospitals.

The institutions at Drogheda and Dundalk, although classed as District Hospitals, accommodate, in addition to the sick, the same classes as are found in the Homes in other counties, namely—the aged, the lunatic, unmarried mothers and children. There are detached fever hospitals in both institutions. About one-third of the inmates might be regarded as hospital cases proper. Accommodation for maternity cases is provided in both institutions.

Ardee District Hospital is situated in a demesne of 65 acres, which was purchased to be used in connection with a proposed auxiliary asylum. The house has been fitted up as a modern hospital, and when complete will satisfy all the requirements of an up-to-date hospital.

Scarcely any portion of the old Ardee Union is more than 15 miles from Drogheda or Dundalk, and we are not satisfised that a district hospital was required at Ardee, but as it has been established and no great advantage would now be gained by closing it, its abolition is not recommended.

The two important towns Dundalk and Drogheda are situated at the northern and southern ends of the county, respectively. Their size and importance warrant the establishment of a district hospital in each.

If one County Home were decided on it should be opened in Dundalk.

Having visited the three institutions and noted the efforts that have been made to advance the comfort and well-being of the sick and destitute poor, we cannot state that Louth County Council were unwise in the scheme they adopted except as to the district hospital in Ardee, which we consider superfluous.

The Drogheda Workhouse formerly served the eastern side of Meath comprised in the Meath Rural District. We consider that the District Hospital should be made available for cases from this area by arrangement between the Boards of Health.

In addition to the institutions under the Board of Health there is a County Infirmary at Dundalk. The County Council contributes to and is represented on the governing body of this infirmary, which appeared to us to be a very well administered institution and doing useful work.

County Mayo.

135. The Mayo County Scheme as amended in May, 1924, provides that the following institutions shall be maintained in the county :—

(*a*) A County Home at Castlebar, for aged and infirm persons, children under three years of age, and unmarried mothers.
(*b*) A County Hospital at Castlebar, for the treatment of medical, surgical and maternity cases, and cases of infectious and contagious diseases.
(*c*) A District Hospital at Ballina, for the treatment of medical, surgical and maternity cases and cases of infectious and contagious diseases.
(*d*) A Cottage Hospital at Achill Sound, for the treatment of medical surgical and maternity cases and cases of infectious and contagious diseases.
(*e*) A Fever Hospital at Swinford, for the treatment of infectious and contagious diseases.
(*f*) A Fever Hospital at Belmullet, for the treatment of cases of infectious and contagious diseases.

There were formerly workhouses at Ballina, Ballinrobe, Belmullet, Castlebar, Claremorris, Swinford, and Westport.

The County Home is in Castlebar Workhouse. The Fever Hospital of Castlebar Workhouse is now used for the reception of the most acute medical cases, and must, therefore, be considered part of the County General Hospital system. The Ballina District Hospital is in the old workhouse infirmary, the rest of the workhouse being occupied as a military barracks. The Cottage Hospital at Achill Sound has not yet been opened. The Fever Hospitals at Swinford and Belmullet are detached buildings in the ground of the old workhouses. There are no Poor Law institutions functioning at Ballinrobe, Claremorris and Westport.

In the County Home, Castlebar, in addition to the classes whose reception is provided for under the Scheme, there were on the day of our visit lunatics, tuberculous patients and children over three years. We were informed that the accommodation provided was insufficient for the number seeking admission.

The County Hospital in the old County Infirmary, is a well managed

institution, and owes much to its medical officer for improvements he has effected. It is almost entirely a surgical hospital. The accommodation (60 beds) being insufficient, medical cases are sent to the County Home. The hospital is too small for a large county like Mayo ; but there is ample room for extension.

No accommodation has been provided for fever cases at Castlebar, as contemplated by the Scheme.

Mayo is a very large county thickly populated with many struggling families, and institutional relief should not, therefore, be too centralised.

It is essential in Mayo that District Hospitals should be provided as auxiliaries to the County Hospital. No question can be raised as to the necessity for such hospitals at Ballina and Belmullet. There is already a district hospital at Ballina in the old workhouse infirmary, but it is an unsuitable building and would require considerable expenditure to bring it up even to a moderate standard. A new hospital should be provided, and should be made available for the western part of County Sligo.

There is no District Hospital at Belmullet, which is 40 miles west of Ballina and 47 miles from the County Hospital, over indifferent roads. Belmullet Workhouse served a district about 13 miles west or south-west of Belmullet, and the sick poor of this area have, therefore, to travel at a minimum over 50 miles to get to any form of hospital treatment and about 60 miles to get to the County Hospital and County Home. There is no train service to Belmullet, so the entire distance had to be done by road. We recommend that a district hospital be established at Belmullet.

No district or cottage hospital having been so far provided for the Achill district, though contemplated by the Scheme, Miss Anita MacMahon, who resides in Achill and is much interested in the well-being of the islanders, pressed for a district hospital to be established. We think that this should be done, but we cannot agree that the situation should be in the village of Cashel on Achill Island, which would seem from Miss MacMahon's statement to be the situation which would meet the wishes of the islanders. If a district or cottage hospital is erected for this extreme western portion of County Mayo there would seem no reason why its use should be restricted to the islanders only. It should be so placed as to admit of the poor of the Curraun Peninsula and Ballycroy areas taking advantage of it. In our opinion, to serve both the Island and the mainland it should be established at Achill Sound.

Owing to the remoteness of Belmullet and Achill provision should be made either in connection with the proposed district hospitals or otherwise, as may be thought best for the accommodation of the aged bedridden poor of both sexes, and in both these places provision should be made for the reception of fever cases. Accommodation for fever cases is also required at Castlebar.

No district hospital is, in our opinion, required at Westport.

Although not contemplated by the Scheme, a district hospital is established or rather has never been disestablished at Swinford. This hospital, which is situate in the infirmary portion of the old Swinford Workhouse, is very much out of repair, has no water supply, bathing or sanitary accommodation and is, in its present condition, altogether unsuitable. We doubt, owing to its location at the back of a ruinous building, that it could ever be made suitable. If a district hospital is to be established there a new building would prove the most satisfactory.

Swinford is 17 miles from Castlebar and 16 from Ballina, where hospitals are in being, and although it is a larger and more important town than Charlestown, which lies 7 miles east by north of it, we are not sure if the convenience of the poor of this part of Mayo and of portions of south and south-west of Sligo were considered that Charlestown would not be a more suitable centre for a district hospital.

South-East Mayo and West Roscommon, that is the country lying between Castlerea and Castlebar, a distance by road of over 40 miles, is rather badly served in the matter of hospital accommodation, the nearest hospital to the most western portion of Roscommon being the County Hospital in the town of Roscommon, about 30 miles distant, and the nearest hospital to the south-eastern portion of Mayo being about the same distance away, at Castlebar. A hospital at Ballyhaunis in County Mayo would, we think, be desirable, and it should, by arrangement, be made available for the western side of Roscommon.

County Meath.

136. There were four Unions wholly within County Meath, viz., Dunshaughlin, Kells, Navan, and Trim, each having a workhouse with an infirmary and fever hospital attached. The Union of Oldcastle with a workhouse at Oldcastle, was partly in County Meath and partly in County Cavan. The Unions of Ardee, Drogheda and Edenderry, all of which extended into the county, had their institutions outside the county.

The County Home is in Trim Workhouse and Navan Workhouse is being reconstructed as a County Hospital. The remaining workhouses are not used.

The Scheme provides for a County Home at Trim, a Maternity Hospital at Trim, and a County Hospital at Navan.

The classes to be admitted to the County Home are, according to the Scheme, the aged and infirm, chronic invalids, and unmarried mothers and their children. Besides these classes there were in residence, at the time of our visit, lunatics, idiots, epileptics, infants, and children of various ages from 3 to 15. Except that the sexes were separated, there was no classification. The Home is a gloomy depressing institution, indifferently managed, and has in no way changed, except for the worse, from its workhouse days. If it is to remain as a Home it will require renovating.

The Maternity Hospital at Trim is a detached building in an angle between two roads. The position of this Hospital is not a desirable one, having regard to the fact that expectant mothers are, according to the information given us, sent there to wait for their confinement.

The County Hospital at Navan is central and convenient for the whole County. At the date of our visit the work of reconstruction was going forward. It was understood that it will be fully equipped with a good operating theatre, X-ray apparatus, electric light, and bathing and sanitary accommodation.

The Fever Hospital for the county is a detached building in its own grounds adjoining the County Hospital grounds.

There is a County Infirmary at Navan but it has not been brought under the Board of Health. With a good County Hospital the necessity for the County Infirmary is not insistent, and we doubt if the maintenance of two institutions here is economical.

County Monaghan.

137. The Monaghan County Scheme Order, 1923, abolished the Boards of Guardians of Carrickmacross, Castleblayney, Clones, and Monaghan Unions. The Monaghan County Scheme (No. 2) Order, 1923, abolished, in addition, the Joint Committees of Management of Monaghan County Infirmary and Carrickmacross, Clones, and Monaghan Fever Hospitals, and these institutions were placed under the Board of Health. The three fever hospitals belonged to the old County Fever Hospital system.

There were four workhouses in the County at Carrickmacross, Castleblayney, Clones, and Monaghan.

The Scheme embodied in the Order of the 28th June, 1923, provided that the County Home and the County Hospital would both be at Monaghan, and that in addition there would be District Hospitals at Clones and Carrickmacross.

This Scheme was amended on the 8th December, 1923. Under the amendment the following institutions were to be provided :—a County Home at Castleblayney, a County Hospital at Monaghan, a Fever Hospital at Monaghan, a District Hospital at Carrickmacross, and a Fever Hospital at Carrickmacross.

In February, 1924, the Minister for Local Government and Public Health approved of a District Hospital being established at Clones for persons suffering from infectious and contagious diseases.

At the time of our visit the old Castleblayney Workhouse was in process of reconstruction for purpose of a County Home. It has since been opened and should be in every way suitable.

In the old County Home at Monaghan there were aged and infirm cases, chronic invalids, harmless lunatics, imbeciles, advanced cases of tuberculosis, and unmarried mothers and children. Except for the last two classes mentioned, the admission of all the above classes is provided for by the Scheme.

The County Hospital is in the Monaghan County Infirmary, which was taken over by the Board of Health. The building is part of the old Monaghan Prison. There is a good water supply, but no hot water to the top landing. The bathing

accommodation is not suitably situated, being in one of the wards and the sanitary accommodation is difficult of ingress and egress owing to position of doors. The entrance to the hospital from the road is very bad and dangerous.

There is no maternity department in connection with the hospital. Maternity cases in the County Home requiring surgical treatment are admitted to the female accident ward, and after operation are sent back to the Home. This is a bad arrangement.

The Hospital is not recognised as a training centre for nurses, but a scheme is being considered under which it is proposed to join with Monkstown Hospital, County Dublin, in training nurses. This scheme seems of questionable merit.

There was no District Hospital at Carrickmacross when we visited the town. It is proposed to utilise part of the old Carriakmacross Workhouse for the District Hospital. It is doubtful if a satisfactory hospital can be made out of any part of the workhouse. A hosiery company is at present in occupation of portion of the premises. The provision of a new district hospital would seem to be the most satisfactory solution or possibly an extension of the existing fever hospital might be feasible, so as to provide sufficient accommodation for medical and surgical cases as well as fever cases without interfering with the isolation of the infectious cases.

We are not satisfied that a hospital, in addition to the fever hospital, is required at Clones. Clones is barely 14 miles from Monaghan and almost on the western border of the County. The small fever hospital maintained there at present is suitable for its purpose.

Monaghan Fever Hospital is a detached building with good bathing and closet accommodation.

The County Fever Hospital at Monaghan has been converted into a tuberculosis sanatorium with accommodation for 25 beds (inclusive of shelters). It is proposed to increase the accommodation to 45 beds, so as to provide for all cases, both incipient and advanced. At present incipient cases are sent to Peamount. When the additional accommodation is provided the phthisical cases in the County Home should be removed to the Sanatorium.

OFFALY.

138. There was no Union wholly within Offaly. The Unions of Birr, Edenderry, and Tullamore, each of which had a workhouse in the county, extended into the adjoining counties. Birr Union included part of Tipperary; Tullamore, part of Westmeath; and Edenderry, parts of both Meath and Kildare. Roscrea and Moutmellick Unions, neither of which had workhouses in Offaly, extended into the County.

It was the original intention to have at Tullamore one central institution comprising a Medical and Surgical Hospital, a Fever Hospital and a County Home and no more; but the District Hospitals in Birr and Edenderry workhouses, which in the first scheme ("the existing scheme" of the Local Government (Temporary Provisions) Act, 1923) were declared to be temporary, are still in existence.

The County Home is in Tullamore Workhouse. It accommodates aged and infirm persons, chronic invalids, lunatics, married mothers, unmarried mothers, and infants and older children. The Scheme does not provide for the admission of lunatics. The Home is conducted and classified very much on the lines of a good type of workhouse. Improvements have been effected and the management is good and sympathetic. The sanitary arrangements and bathing arrangements should be improved. A maternity department is administered as part of the Home.

The County Hospital is in the old workhouse infirmary. It is quite distinct from the workhouse buildings, and has grounds and gardens of its own, and is a well-equipped Hospital. The accommodation is barely sufficient, and there is no provision for observation or convalescent wards. There is a detached Fever Hospital at the rere.

Both the Home and the Hospital appeared to be well administered.

Our attention was directed to some improvements that might be made in the Hospital. We feel sure that as circumstances permit the Board of Health will make such as are necessary.

The District Hospital at Edenderry is in the old workhouse fever hospital. We understand there is in existence an arrangement by which County Kildare patients can be received. We consider that this District Hospital serves a useful purpose.

The District Hospital at Birr is in the old fever hospital building, and is conveniently situated for the town of Birr (population, 3,391). Birr is on the Tipperary border of Offaly, and this hospital should be made available for the poor of North Tipperary adjoining.

The Birr Workhouse Infirmary is now used as a sanatorium for tubercular patients. The wards are well ventilated, but the surroundings of the place, an empty workhouse falling into dilapidation, must be depressing.

The County Infirmary building at Tullamore is not now used as a hospital.

County Roscommon.

139. Under the County Scheme three institutions are provided in County Roscommon : a County Home at Roscommon, a County Hospital at Roscommon, and a District Hospital at Boyle.

The workhouses at Roscommon and Boyle have been used in connection with these institutions. The other two workhouses in the county at Castlerea and Strokestown, have been closed.

In addition to the aged and infirm and chronic invalids, which were the only classes provided for in the Scheme, there are in the County Home lunatics, idiots and imbeciles, and unmarried mothers and children. Most of the children are under three years of age.

The accommodation set aside for the lunatics, idiots, and imbeciles is altogether too small, and the arrangements for their care insufficient. On both male and female sides we learned there were cases of two patients sleeping in the one bed, an intolerable state of affairs, particularly with the class of inmates concerned.

Two wards in the centre of the Home form the medical section of the County Hospital.

The surgical section of the County Hospital is in the old County Infirmary. The whole building both externally and internally, requires repairing, and in its present condition cannot be deemed a suitable place for the treatment of the sick, and we were not impressed with its management.

The objections we have already stated to the division of a County Hospital into two parts under different management apply in this county.

The County Fever Hospital is a detached building in the same grounds as the County Home.

A District Hospital has been established in the infirmary portion of Boyle Workhouse. In its present dilapidated condition it is not fit for use as a district hospital. It has no water supply, and no bathing and sanitary accomodation. It will be difficult, in our opinion, ever to convert it into a suitable hospital.

The necessity for a district hospital at Boyle might be obviated if the county hospital for Leitrim is, as we have recommended, provided at Carrick-on-Shannon. By arrangement, such a hospital might be made available for the use of the sick poor of North Roscommon and portion of the south-eastern side of County Sligo, the distance from Carrick-on-Shannon to Boyle being only about 9 miles, and to Ballinafad, in County Sligo, 13 miles. Much of North Roscommon is as easy of access to Carrick-on-Shannon as to Boyle.

If it is decided to leave the district hospital at Boyle a modern small hospital should be provided, and it should be made available for the use of the poor of the south and south-eastern portions of County Sligo.

County Sligo.

140. The institutions provided in this County under the Scheme are centred in the town of Sligo. The workhouses of Dromore West and Tobercurry have been closed, and the remaining workhouse (Sligo) within the county is used in part as the County Home and in part as the medical section of the County Hospital. The old County Fever Hospital at Sligo is used as the fever section of the County Hospital.

The Scheme provides for the reception into the County Home of aged and infirm persons, chronic invalids, and children under three years of age. In addition to the classes provided for in the Scheme, there are residing in the Home unmarried mothers, idiots and imbeciles, and children over three.

The Home, generally speaking, is much the same as a workhouse of the type it was intended to supersede. The walls are unplastered but clean ; there is no bathing accommodation on the male side, and there is no heating except on the ground floor wards.

The County Hospital consists of three separate establishments : the medical hospital, which is in the old infirmary block of Sligo Workhouse, the surgical hospital, which is in the County Infirmary, and the fever hospital, already referred to.

The medical hospital and the surgical hospital are under different managements, the former being administered as part of the County Home, just as it was when it was part of the workhouse. We have in our remarks on the Schemes generally stated that we do not approve of an arrangement of this kind.

There were 76 male patients, including 10 imbeciles, and 78 female patients in the medical section of the County Hospital when visited. Only about 12 of the men and 13 of the women were hospital cases proper, the remainder being chronic cases. This part of the County Hospital is no different from a workhouse infirmary. There are a number of consumptives of both sexes, some in the early stages of the disease and some advanced cases. The male consumptives are not isolated.

The surgical hospital, in what was the County Infirmary, although not full at the time of our visit, had, it was stated, a waiting list in the winter. Two rooms on the ground floor of this hospital are used as a Tuberculosis Dispensary, an arrangement which was open to objection, as in the restricted space available, tubercular patients must frequent the general exercise grounds of the other patients. There is also an extern department on the ground floor which occupies a considerable amount of space.

Under the Tuberculosis Scheme for County Sligo there was formerly a sanatorium used as a Central Tuberculosis Dispensary at Cloonamahon, near Collooney. This sanatorium has not been used for five or six years. It would seem to be the proper place for the tuberculosis patients numbering over twenty at present, in the medical section of the County Hospital. The Tuberculosis Dispensary at present in the County Surgical Hospital should also be removed to Cloonamahon.

County Tipperary (North Riding).

141. The Unions wholly within the administrative County of Tipperary (North Riding) were Borrisokane, Nenagh, and Thurles. The Union of Birr was partly in Tipperary N.R. and partly in Offaly, and the Union of Roscrea partly in Tipperary and partly in Offaly and Laoighis.

There are no large towns in the North Riding, the most populous centres being Thurles (4,796) and Nenagh (4,517).

There were four workhouses in Tipperary N.R., viz. : Borrisokane, Nenagh, Thurles, and Roscrea. Borrisokane has not been used for any of the new institutions but the other workhouses have been utilised wholly or in part.

The first Scheme contemplated the provision of a County Home and a District Hospital at Thurles, a County Hospital and a Fever Hospital at Roscrea, and a District Hospital at Nenagh. This Scheme was subsequently amended by substituting, for a County Hospital at Roscrea, a District Hospital.

Tipperary N.R. is, therefore, one of the counties providing institutional treatment for its sick poor in District Hospitals only.

The County Home is in the old Thurles Workhouse. It is for the reception of aged and infirm persons, chronic invalids, imbeciles and unmarried mothers. In addition to these classes, there were also harmless lunatics, a number of inmates classed as able-bodied, and six married women with their children in the Home.

The bathing accommodation is deficient and the kitchen and laundry arrangements bad.

We understand that the Board of Health intend to effect considerable improvements. There can be no doubt as to the necessity for improvement and that large expenditure will be necessary to modernise the Home.

The staff seemed to be doing their best to make the place as comfortable as the circumstances permitted.

There is a good maternity ward but at least two wards are required in this department.

The male infirmary of the workhouse is devoted to the District Hospital. The bathing and sanitary accommodation is poor, and such operations as are done are performed in the wards, as there is no operation room.

Considering that this area has no County Hospital to which to send its patients a better equipped hospital is necessary.

The Nenagh District Hospital is in the old Nenagh workhouse male infirmary. Operations have to be carried out in the wards, but all serious operation cases are sent to Dublin or Limerick Hospitals.

There is no maternity department attached; urgent cases of this class are, however, received and dealt with in the ordinary ward. Separate provision should and could quite easily, be made for maternity cases.

The old workhouse fever hospital is used for fever cases and together with the accommodation at Roscrea is the only accommodation in the North Riding for infectious cases. It is sufficiently large and in good order.

Roscrea District Hospital is in the infirmary portion of Roscrea Workhouse. The water supply is good, but the sanitary accommodation for patients and staff consists of only one water closet and bath.

Fever cases are dealt with in the old Workhouse Fever Hospital.

A sanatorim for consumptives has been set up in two wards of the boys' school block of the workhouse, males on the lower and females on the upper floor. Sanitary accommodation for the female patients is not accessible without going into the yard. The arrangements as they exist cannot be deemed satisfactory.

The three district hospitals cater principally for the sick of the old Union areas in which they are situated, but apparently there are no fixed areas allotted to them and the dispensary medical officers can send patients where they think best. Each hospital has an ambulance attached.

The North Riding is a difficult area to cater for, and it may be suggested that Thurles is not at all central for a County Home and the claims of Nenagh could be strongly urged.

The workhouse in Nenagh has, however, been partially destroyed by fire, and, under the circumstances, we are not prepared to condemn the present arrangements provided the accommodation in Thurles is improved.

It would be difficult to find a suitable centre for a County Hospital in this area, and we, therefore, do not raise any objection to the departure from the policy of establishing county hospitals.

We confess, however, to a doubt as to the necessity for a district hospital at Roscrea. Roscrea is situate on the north-eastern boundary of the county, and unless patients from Offaly are admitted it must serve a very small area.

Portions of the old Borrisokane Union are a long way from Thurles County Home, and it seems that in the interests of the poor it might be well to establish in connection with the Nenagh District Hospital, or otherwise as may be thought best, two wards for the reception of the more feeble of the aged and infirm cases.

County Tipperary (South Riding).

142. There were two Unions, Cashel and Clogheen, wholly within County Tipperary (South Riding); the Unions partly included in the County and partly in other counties were Urlingford, Callan, Carrick-on-Suir, Clonmel, and Tipperary. The workhouses in the county were at Carrick-on-Suir, Cashel, Clogheen, Clonmel, and Tipperary. In Cashel there was a County Infirmary.

Under the County Scheme the institutions to be provided are a County Home at Cashel and District Hospitals at Carrick-on-Suir, Cashel, Clogheen, Clonmel, Tipperary, and a Fever Hospital at Clonmel.

In the Slieveardagh District which is the Tipperary portion of the old Callan Union, formerly served by the old Callan Workhouse in County Kilkenny, it is intended to establish another District Hospital, and, we understand, plans have already been prepared and a site selected near Ballingarry.

It will be seen that when the Scheme is in full operation a County Home and six District Hospitals will have replaced five workhouses and a County Infirmary. In this County, therefore, there will be an increase of one in the number of separate institutions provided.

The County Home at Cashel is for aged and infirm persons, chronic invalids,

unmarried mothers, idiots and epileptics. In addition to these classes, there were in the Home children of various ages. There were seven boys who go outside to school. In the Home they mix with the men in a small cramped room. Such environment is altogether unsuitable for boys.

The town water supply comes practically to the buildings but is not laid on. When it is, the sanitary arrangements should be improved. The present bathing arrangements are totally insufficient.

The female imbeciles and children are in poor accommodation in the sheds at the back.

There is a maternity ward in the Home.

The Cashel District Hospital is in the old County Infirmary. The Committee of Management of the County Infirmary were abolished under the Scheme. The sanitary arrangements here are not very good. There is one bath for male and female in the centre of the house. The laundry is small and old fashioned. Small operations only are carried out. The institution is badly in need of redecoration; it has not been painted for years. There is an extern department conducted in connection with the hospital.

Fever cases arising in Cashel and the surrounding area are now sent to Clonmel Fever Hospital. The detached Fever Hospital at Cashel has been closed.

The Clonmel District Hospital occupies a small part of the old Clonmel workhouse, the remainder of the workhouse being unoccupied. There were 66 medical and surgical cases in the hospital, none classed as chronic. There were in addition two maternity cases. A good deal of the menial work is done in the hospital by 12 able-bodied inmates.

There is a maternity department consisting of two wards.

The hospital was bright and roomy; but its position in a wing of a large empty workhouse is not a good one. There is a good water supply and sanitary annexes and a well-equipped kitchen.

Clonmel Workhouse was one of the finest workhouses in Ireland and was built on a different plan and somewhat later than the others. It is an imposing structure in a good state of preservation and occupies an excellent position. There are about 40 acres of land attached. The estate of the Clonmel District Mental Hospital adjoins the workhouse land. This workhouse could probably lend itself to conversion without undue expenditure into an auxiliary mental hospital if such was required. It would be necessary in that event to provide for the sick elsewhere and we are of opinion that in Clonmel, which is a town of 8,989 inhabitants, a suitable modern hospital should be provided.

The old Fever Hospital and the range of sheds at the back of the Tipperary Workhouse now form the Tipperary District Hospital. The accommodation is bad and altogether insufficient. There are no proper sanitary conveniences.

The operation room in this hospital is a small, badly lighted apartment, heated by an open fire about five feet from the operation table. At night the room is lighted by oil lamps.

In one of the sheds is a maternity ward. There is no separate room for obstetric cases requiring operative treatment. These have to be dealt with in the common ward.

Infectious cases are in the top storey of the old fever hospital; but they cannot be properly isolated from the medical and surgical cases on the lower stories.

To leave matters as they are in this District Hospital would be a crying injustice to the sick poor. We are glad to learn since we visited this hospital that steps have been taken towards making better provision.

The suggestion to use the old workhouse infirmary as a District Hospital is not, we think, feasible, as the place is very dilapidated and out of repair. The destroyed military barracks and hospital are near the present District Hospital. It would be possible to reconstruct the Officers' Quarters as a Hospital and convert the old Military Hospital into accommodation for the staff; but whether this would be more economical than providing a new institution is doubtful. There is little left inside the military hospital except the flooring; the Officers' Quarters are completely gutted.

Clogheen District Hospital is in the old Workhouse Fever Hospital. The water supply, sanitary and bathing arrangements and lighting are good. At the time of our visit this hospital had not been opened.

If good and sufficient hospitals had been established at Clonmel and Tipperary we would have considered that adequate provision had been made for the South

Riding without the addition of four other district hospitals, but as these district hospitals have, in fact, been established, we are not disposed to interfere with them. Those on the borders of other counties should be made available for the poor in their immediate neighbourhood.

TIRCONAILL.

143. The Tirconaill County Scheme cannot be deemed a scheme of centralisation. The Scheme contemplated two county institutions, a County Home at Stranorlar and a County Hospital at Lifford, and four District Hospitals (Carndonagh, Donegal, Glenties, and Letterkenny). An additional district hospital (Ballyshannon) has been established with the approval of the Minister since the date of the Tirconaill County Scheme Order, 1923. The County Hospital at Lifford is not in reality functioning as a County Hospital, and locally is looked on as a District Hospital. Tirconaill must, therefore, be classed amongst those counties which provide for their sick poor by means of district hospitals.

There were formerly seven Unions (Inishowen, Donegal, Dunfanaghy, Glenties, Letterkenny, Milford, and Stranorlar) wholly within the county. Ballyshannon Union with a workhouse in Tirconaill, extended into Leitrim and Fermanagh, and parts of eastern Tirconaill were in the Unions of Strabane and Londonderry. Dunfanaghy Workhouse had been closed some years before the County Scheme was adopted.

We take no exception to the establishment of District Hospitals at the various centres named, though in the matter of institutional accommodation the north-western portion of the county would seem to be entirely neglected, while Ballyshannon and Donegal, within fourteen miles of one another, have each a district hospital.

Ballyshannon, though almost at the extreme southern end of the County, serves another town, Bundoran, further south. Bundoran has a very considerable holiday population in the summer months. Ballyshannon (2,112) with Bundoran (1,337) has an urban population of 3,449. If it were not for these facts we would definitely state that a hospital at Ballyshannon was not necessary. As it is, we think, a case can be made for retaining a hospital there.

The County Home is in Stranorlar Workhouse. The water supply is bad. The closet accommodation is very defective. In the old infirmary part of the Home there are two flush closets, in what was the body of the house there are none, and the contrivances in the yards are very bad and rather revolting.

On the female side there appears to be no classification ; the old women, the lunatics and imbeciles, and the unmarried mothers, are all together.

There were about 50 children in the Home, about half of them over three years of age.

The accommodation in the County Home is fully occupied and at times overcrowded. To remedy the congestion it has been suggested that the District Hospitals should retain chronic cases. We think the removal of the lunatics, imbeciles, unmarried mothers, and children the proper solution, although in some of the outlying District Hospitals provision should be made for retaining the most feeble of the infirm.

The Hospital at Lifford is in the old County Infirmary. The Scheme abolished the Joint Committee of Management of the Infirmary and brought the institution under the Board of Health. The accommodation is 50 beds. The hospital is not now recognised as a training centre for nurses, and is not looked on in the county as a County Hospital.

The Ballyshannon District Hospital is in the infirmary of the old workhouse. There is a small operation ward and all classes of operations are performed. One small ward is used as a maternity ward. The water supply is good and it is intended to provide water closets. Electric lighting is installed.

The Donegal District Hospital is in the workhouse infirmary. There is a good operation room and operations of every kind are performed.

On each side a considerable portion of the hospital is set aside for cases of tuberculosis.

The water supply is good, but no bathing or sanitary accommodation is provided on the upper floor. On the ground floor there is a flush closet and bath.

The Letterkenny District Hospital is in the old Fever Hospital. It is prin-

cipally a surgical hospital, and a large number of operations are performed. It is too small to serve as a county hospital, a proposition which we understand has been put forward.

There is no maternity department connected with this hospital.

The Glenties District Hospital is in the infirmary of the old workhouse. It serves a large poor district in west Tirconaill. There is no proper water supply, bathing, or sanitary arrangements, and the building is being allowed to fall into a state of disrepair. The place cannot be properly termed a hospital in any sense in which the word is now understood. The population of Glenties Rural District is 30,095. A district hospital is necessary at Glenties, and we strongly recommend that a small modern hospital of about 30 beds be provided.

We have not visited Carndonagh District Hospital, but we are informed that the accommodation is somewhat similar to that of Glenties. If this is so, we think a new small hospital should be provided there also.

The Scheme provides that at each of the centres where district hospitals have been established, these hospitals shall cater for both ordinary hospital and infectious cases. In fact, only two fever hospitals are in being for the whole county, one situate in Donegal, the other at Carndonagh. Further accommodation for infectious cases is certainly required, and we recommend that a hospital should be established either at Letterkenny, Milford or Gweedore, whichever may be considered best.

Waterford County and County Borough.

144. The only joint scheme in operation at the date of the passing of the Local Government (Temporary Provisions) Act, 1923, was that relating to Waterford County and County Borough.

There were formerly three workhouses, Dungarvan, Kilmacthomas, and Lismore, in County Waterford. In the County Borough there was the workhouse of Waterford Union, which served the eastern end of the county and the southern end of County Kilkenny. The functional areas of the Clonmel and Carrick-on-Suir Boards of Guardians extended into the northern portion of the county and a small area in the south-west was in Youghal Union. There were, therefore, three Unions wholly within the county and in addition four partly within the county.

Kilmacthomas Workhouse has been closed. Lismore Workhouse is not used, though as at present intended it is proposed to convert the infirmary portion into a Cottage Hospital.

The County Home is in Dungarvan Workhouse and the County Hospital is in the infirmary portion of Waterford Workhouse. The old Fever Hospital of Dungarvan Workhouse is now used as a District Hospital.

The old County Fever Hospital at Waterford has been taken over by the Board of Public Assistance and has been used for the reception of cases of infectious and contagious diseases.

The Waterford County and City Infirmary has not been brought under the administration of the Board of Public Assistance and it is still administered as it was prior to the Scheme.

The location of the County Home for both the City and County, about 30 miles from Waterford City, would seem to a large extent to ignore the claims of the poor of the city and the eastern side of the county to consideration. The population of the city is 26,646 and of the county, 51,892. Included in the county population is that of the Waterford No. 1 Rural District (10,338), a large portion of which lies east and south-east of the city, and is, therefore, even more remote from the County Home than the city itself.

We think that it will not be disputed that within its area the city contains more concentrated poverty than can be found in any portion of the county. We are, therefore, doubtful of the equity of the present Scheme, and unless some arrangement can be come to between the Board of Public Assistance and the Trustees (should their deeds of trust permit) of the numerous charitable foundations in the city, whereby the aged and infirm and chronic invalid poor of the city and surrounding area can be admitted to these charitable institutions, we are of opinion that an Auxiliary Home will be required in Waterford City.

The Scheme contemplated that the following classes should use the Home, viz. :—Aged and infirm persons, chronic invalids, expectant mothers, children, healthy harmless idiots and healthy epileptics. On inspection, the following were actually found in addition : able-bodied men and unmarried mothers.

During the winter of 1924-25 the Home was overcrowded and admission had to be refused to about eleven applicants, including one woman.

As already stated, the County Hospital is in the old Workhouse and utilises the infirmary and portion of the rere block. The rest of the workhouse buildings, except for the maternity department, is unoccupied, so that the County Hospital is located in a cheerless environment of old dilapidated structures.

Owing to the County Home being 30 miles away, the County Hospital really serves the purposes of a hospital and home for bedridden chronic cases. On the day of our visit there were 181 cases in residence. A strict classification would probably have reduced these to less than 100 hospital cases proper.

Provision is made for tuberculosis patients by allocating 13 beds on each side of the hospital, but no proper segregation of this class from other patients is possible.

The only portion of the hospital that gave a favourable impression was the maternity department. This is a continuation of the convent block, and is, to a large extent, self-contained. It has ample accommodation, with a ward for waiting patients and three rooms for paying patients. It is on a level with the best accommodation for maternity cases that we have seen in connection with a County Hospital.

In our opinion, a County Hospital situated as this one is, will never be found satisfactory.

Waterford City and County are fortunate in the fact that they have at the service of the sick poor, in addition to the County Hospital, an excellent County and City Infirmary.

Both the County and City contribute £400 a year to this institution, which is under the control of a Board of Governors on which the Waterford County Council and the Waterford Corporation are represented.

This Infirmary has a history distinct from other similar institutions, having been established under the Waterford Infirmary Act, 1896, which appropriated the Leper Hospital of St. Stephen, an ancient foundation, and converted it into an Infirmary for the County and City of Waterford.

The County and City Infirmary is an imposing building, well situated, almost on the outskirts of the city. It is well-equipped, has a resident surgeon and a staff of visiting surgeons and physicians, and seemed in its management to conform to the standard of a good general hospital.

The number of patients that it can accommodate is, however, disappointing. There are 4 wards with 10 beds each, 4 rooms for paying patients, with 7 beds altogether, and a children's ward with 6 beds—total, 53.

It might be possible by consent of all parties for the Board of Public Assistance to take over the Infirmary as a County Hospital. This would appear to us a feasible solution of the County Hospital problem.

We recognise that a total of 53 beds would be entirely inadequate for the wants of the city and county, and, therefore, in addition, we suggest that the present fever hospital, which stands in its own grounds, immediately adjoining the county infirmary grounds, should also be devoted to the purposes of a county hospital. The fever hospital buildings are good, and there is accommodation for about 80 beds approximately. Between the two hospitals we believe that the full accommodation required would be found.

If this suggestion is carried out, Waterford City and County would, in our opinion, be provided with excellent county hospital accommodation at a minimum of expense.

With regard to fever cases, we would suggest that portion of the old workhouse premises be allocated to this purpose.

It should be possible to carry out a scheme of this character without incurring any very great expenditure.

If practicable with the Scheme we have outlined, the maternity department should not be interfered with.

The County Hospital is a training centre for nurses for which purpose it is joined with the County and City infirmary. There is a Nurses' Home almost at rere of infirmary block. At the time of our visit there were sixteen probationers in training. In the county infirmary there are sixteen probationers on the staff, a number altogether disproportionate to the number of patients, of whom there were thirty-three on the day of our visit, with a possible maximum of fifty-three.

A scheme such as we suggest would, we think, be fruitful of a saving in staff, and certainly conduce to greater hospital efficiency.

The fever hospital at Lismore is in a dilapidated condition. The building seems too large for the needs of the district. If it is to be retained it should be put in repair and provided with proper sanitary and bathing accommodation.

The proposal to convert the old Lismore Workhouse Infirmary into a Cottage Hospital is not, we think, one which would ever be found satisfactory. Further, we doubt the necessity for the opening of a cottage hospital. There are district hospitals already established at Dungarvan, Fermoy and Clogheen. Lismore is about 15 miles from Dungarvan, about 17 miles from Fermoy, and 12 miles from Clogheen. The hospitals at these centres could all, by arrangement, be made available for the poor of Lismore and the surrounding district.

County Westmeath.

145. The Unions that had workhouses within the County Westmeath were Athlone, Delvin and Mullingar. The Athlone Union extended into County Roscommon. Delvin and Mullingar were wholly within the County. Coole, Ballymore, and Kilbeggan Rural Districts were parts of the Granard, Ballymahon, and Tullamore Unions, respectively.

Mullingar Workhouse is used partly as the County Home and partly as the County Hospital. The Infirmary of Athlone Workhouse is used as a District Hospital. Delvin Workhouse has been closed.

The County Scheme provides for a County Home and a County Hospital at Mullingar and a District Hospital at Athlone.

The County Infirmary at Mullingar has not been brought under the control of the Board of Health.

The County Home is in the body of the old Mullingar Workhouse. The sanitary and bathing accommodation are insufficient. It accommodates, besides aged and infirm persons and chronic invalids as contemplated by the Scheme, idiots and imbeciles, unmarried mothers and children. The accommodation for the last two classes mentioned is bad, and the whole place wanting in comfort, although the officers appear to be doing their best in adverse conditions. A maternity department for single women is administered in connection with the home.

The County Hospital consists of the infirmary portion of the workhouse. It is well-equipped and has a good operating theatre and good sanitary and bathing accommodation. A maternity department for respectable women is administered in connection with the hospital.

Although the County Home and the County Hospital are managed as separate institutions, the fact that they are both in the old workhouse must make it difficult to disassociate them in the public mind.

The County Fever Hospital is a detached building in the grounds of the County Home. The ground floor wards, by reason of the want of other accommodation, are used for cases of tuberculosis. This is not an arrangement that should be continued. The fever hospital attached to the old Athlone Workhouse is also used for the accommodation of fever cases.

The District Hospital at Athlone is a good hospital, but needs painting. This hospital should, by agreement between the Boards of Health, be also made available for the sick poor in South Roscommon.

The County Infirmary at Mullingar to which the County Council contributes is still under the management of a Joint Committee on which the County Council is represented. There is not sufficient reason for the continued existence of what are, in fact, separate county hospitals at Mullingar, one maintained wholly, and the other, to a large extent, out of public funds. These institutions should, if possible, be brought under one authority, who would have to consider whether it will be necessary to maintain both.

County Wexford.

146. There were four Unions in County Wexford: Enniscorthy, Gorey, New Ross, and Wexford. The New Ross Union included parts of County Carlow and County Kilkenny; the other Unions were wholly within the County.

The Enniscorthy Workhouse is used as a County Home and the fever hospital

as a sanatorium for tubercular patients for which it is not in our opinion suitable. The main buildings of Wexford Workhouse were, at the time of our visit, being equipped as a County Hospital; the fever hospital of Gorey Workhouse and the infirmary of New Ross Workhouse are used as District Hospitals. A detached fever hospital at Wexford is still used for the reception of infectious cases.

The County Infirmary Committee has been abolished, and we understand the Infirmary itself disposed of.

The County Home at Enniscorthy is provided for aged and infirm persons, chronic invalids, expectant mothers, idiots, epileptics, and children. There were, in addition to these classes, a number of unmarried mothers. The accommodation provided is ample, but rough. A maternity department is administered in connection with the Home. Attached to the Home are about 40 acres of well tilled land.

When the alterations that are being carried out in Wexford Workhouse at a cost of £15,000, are completed, there will be a fully equipped hospital with about 160 beds, which should be sufficient for the County. The accommodation we inspected in the infirmary of the Workhouse is purely temporary, and no comment on it is, therefore, necessary.

The Gorey District Hospital is used for the reception of infectious cases as well as ordinary hospital cases. On the day of our visit there were three cases of scarlet fever. This arrangement is not fair to the patients. It was provided in the first scheme that an annex would be built for fever patients. The hospital has no disinfecting apparatus. Portion of what are called the Cholera Sheds is used as a Tuberculosis Dispensary.

The New Ross District Hospital is in the male side of the Workhouse Infirmary. The old fever hospital, a detached building at the back of the workhouse, would seem a more suitable site for the hospital, but some expenditure would be required to adapt the building.

The New Ross District Hospital is most conveniently situated for the portions of Kilkenny at the other side of the River Barrow. There should be a definite arrangement between the Boards of Health of the counties of Kilkenny and Wexford, so that Kilkenny patients could be treated here.

County Wicklow.

147. In County Wicklow there were formerly workhouses at Baltinglass, Rathdrum, and Shillelagh; County Fever Hospitals at Arklow, Newtownmountkennedy, and Wicklow; and a County Infirmary at Wicklow.

All these institutions have been abolished under the County Scheme, which provides for a County Home at Rathdrum, a County Hospital at Wicklow, and a Fever Hospital at Shillelagh.

The County Home is in Rathdrum Workhouse, the County Hospital is in the Wicklow County Infirmary, and Shillelagh Workhouse Infirmary is used as the Fever Hospital. Baltinglass Workhouse has been partly burned and is not at present used.

Parts of County Wicklow were formerly served by institutions located outside the county. The Rathdown Union with a workhouse at Loughlinstown, County Dublin, included the north of the county down to Delgany and inland to the west of Lough Bray. The Naas Union extended into the North-West of the County. On the other hand, Baltinglass Union included parts of Kildare and Carlow.

The County Home at Rathdrum is for aged and infirm persons, chronic invalids and expectant mothers. In addition to these classes, there were in residence unmarried mothers, idiots and imbeciles, and children. The accommodation is sufficient and the buildings well situated.

A maternity department is administered in connection with the Home. The accommodation is not sufficient.

It was at first thought to establish a County Hospital at the County Infirmary which has been taken over by the Board of Health, but ultimately it was not considered that the institution warranted the status of a County Hospital or that having regard to the facilities for getting to Dublin that a County Hospital was necessary. With this we agree.

The institution though structurally good, is very disappointing, and in no way comes up to the standard required for County Hospitals. It falls below what

we suggest should be the standard insisted on for district hospitals. It struck us as poor, both in equipment and management.

It might be urged that the Urban District of Bray, with a population of 8,639, and at times a population considerably in excess of that number, should have a district hospital. The Wicklow Board of Health have, however, made arrangements with the Rathdown Guardians, in whose area Bray was formerly situate, for the admission of patients to St. Columbcille's Hospital at Loughlinstown, and therefore the necessity for a hospital at Bray must be considered with the question of the retention of the hospital at Loughlinstown, to which reference will be found in paragraph 352.

Since the Scheme was adopted it has been decided to open a District Hospital at Baltinglass, and we understand plans have already been drawn up for such a hospital. The western side of Wicklow is more or less cut off from the eastern side by a cluster of mountains, and, therefore, a hospital at Wicklow town would not be easily accessible from the district between Blessington and Baltinglass. The establishment of a hospital at Baltinglass is probably the most acceptable solution so far as the south of the district is concerned although it may be observed that it would have been possible to make arrangements for the reception of Wicklow cases in the Hospital at Carlow, which is about 12 miles south west of Baltinglass. With regard to the area south and west of Blessington, arrangements have been made for the reception of patients from Wicklow into the Naas County Hospital.

The present accommodation provided for fever cases at Shillelagh did not commend itself to us. The old workhouse infirmary, in which it is situated, is a long range of buildings capable of accommodating, except that it is entirely unfit to do so, a large number of beds. We were informed that as a rule there were not more than two or three cases of fever and there were in fact no cases at the time of our visit. The water supply is, we have learnt, probably contaminated. Some place more compact would meet the needs of the county.

Mode of admission to institutions.

148. Before closing this chapter it is necessary to refer to the changes which have taken place in the mode of admission to institutions.

Under the Union administration persons could be admitted to the workhouse, including the workhouse hospitals, in three different ways :—(1) By order of the Board of Guardians ; (2) By order of the relieving officer, and (3) By the master or, in his absence, the matron without any order in urgent and sudden cases.

The usual method was by order of the relieving officer, although it may be noted that this was only intended to be exercised in urgent cases.

The law also provided for the appointment in each parish or townland or part thereof of an unpaid officer called a warden to whom applications for admission to the workhouse could be made and whose duty it was to report to the Guardians at their weekly meeting all applications made to him together with a report on the merits of each case.

There was, therefore, a close network of agencies through which the poor could have their cases brought before the Guardians. No doubt in practice the unpaid wardens did not fill the place the law intended for them, but apart from the wardens and relieving officers, the Guardians were numerous and widespread and no complaints could arise as to want of access to the persons charged with the relief of the poor. In County Galway, for instance, there were about 460 Guardians. Their functions are now performed by two Committees, each consisting of 15 members, but as some members are on both Committees, the number actually concerned in the administration of poor relief for the whole county is not more than 20.

149. The modes of obtaining admission to the present county institutions are dealt with both in the County Schemes (Articles 16 and 17) and in the County Boards of Health (General Regulations) Order, 1924 (Article 61).

The Schemes provide that no person shall be admitted to any institution, other than a hospital, except on an order of a member of the Board or a person authorised for that purpose by the Board. It is, therefore, necessary for an Assistance Officer to be authorised under Article 17 before he can order admission to the County Home.

With regard to admissions to Hospitals it is provided that a Medical Officer of the Board on receiving an order from a member of the Board or a person authorised by the Board shall examine a person eligible for relief and if in his opinion

such a person requires treatment in a hospital he shall give an order for admission. Urgent cases may be admitted without an order but must be examined by the Medical Officer within 24 hours.

The General Regulations dealing with admission to County Institutions follow the provisions of the Schemes. Article 61 runs :

Every person eligible for relief who shall be admitted into a county institution shall be admitted in one of the following modes only, that is to say :—

1. To a County institution other than a Hospital :—

   (*a*) by a written or printed order of the Board of Health signed by the Secretary or presiding Chairman ;

   (*b*) by a written or printed order in the prescribed form signed by a Member of the Board of Health or by a person duly authorised in that behalf by the Board of Health ;

2. To a County or District Hospital :—

   (*a*) by a written or printed order of the Board of Health on the advice of one of their Medical Officers signed by the Secretary or the presiding Chairman ;

   (*b*) by a written or printed order in the prescribed form signed by a medical Officer of the Board of Health ;

   (*c*) by the Matron of the Hospital (or during her absence by the person acting on her behalf) without any such order where such person is in urgent need of immediate treatment in such Hospital.

The practice with regard to authorising persons under Articles 16 and 17 varies considerably. In a few counties the Boards have not given authority to any persons to order admission to an institution or to order examination with a view to admission not even to their own Assistance Officers. In other counties persons have been authorised in every dispensary district.

150. We are inclined to the belief that at present in some counties the poor are often at a loss to know to whom they should apply and ignorant of the relief they are entitled to. We consider that Assistance Officers should everywhere be authorised under the Articles referred to and that the names of all the persons authorised should be widely published in every area.

151. Every County Scheme gives authority (Article 15) to the Board to admit persons who are not eligible for relief to any institution subject to such regulations and conditions as may be approved by the Minister. The General Regulations (Article 62) would seem to limit the admission of persons not eligible for relief to the County or District Hospitals. We think it right that there should be power, subject to such regulations as are approved by the Minister to admit to all institutions persons not eligible for relief.

Paying patients in hospitals.

152. We received the impression in some of the hospitals we visited that paying patients were more readily received than the sick poor for whom the hospitals were intended. There was also evidence before us that there was some misunderstanding with regard to the charging of fees by the medical officers of hospitals. The Department of Local Government and Public Health have, in a letter dated the 11th October, 1926, addressed to the Clare County Board of Health, placed beyond doubt the legal position with regard to admission of paying patients. In the letter referred to it is pointed out that neither the General Regulations nor the provisions of the Scheme—

> "give the Medical Officers power to regulate the admission of any class of patients to the hospitals. The adoption of regulations is a matter for the Board, and it is explicitly provided that the Regulations require the approval of the Minister..... In the absence of such approved regulations there is no legal authority under which private patients can be admitted to the hospitals and the Medical Officers are not authorised to demand, receive or accept any fee or payment from any patient treated in the hospitals."

It is, therefore, advisable that each Board of Health should draw up regulations for the admission to their institutions of persons not eligible for relief.

Ambulances.

153. The reduction in the number of institutions makes it absolutely necessary that there should be good and sufficient ambulance arrangements both for the Homes and the Hospitals.

We consider that an up-to-date motor ambulance should be kept at every County Home and County Hospital. In isolated areas such as Clifden, Belmullet, Castletownberehaven, additional ambulances should be provided in connection with the district hospitals and in the larger urban areas, where it is not proposed to establish hospitals, ambulances should also be provided.

Burial expenses.

154. It was represented to us that centralising poor law institutions had created hardship in the matter of poor people dying in institutions being buried among their own kin and we believe that this operates to some extent in preventing the free user of the County Home by poor persons living at a distance who otherwise would avail themselves of its shelter. We think that the Board of Health should have power on the death of an inmate of any of their institutions to pay a reasonable amount for the removal of the remains if they are satisfied that the relatives desire to take the remains home for burial and are too poor to bear the cost.

CHAPTER IV.

Home Assistance.

155. Having dealt with the relief provided in institutions under the County Schemes, we must now consider the question of relief by Home Assistance or, as it used to be called, Outdoor Relief.

It was necessary, having regard to the statutory obligations cast on the Boards of Health as successors to the Boards of Guardians to provide for the relief of the poor under the Act of 1847,[1] that concurrently with the closing of a large number of the old workhouses, the centralisation of institutional relief, and the limitation of the classes who could be received in the new institutions, wider powers should be given to the Boards of Health in the matter of affording Home Assistance, and section 10 of the Local Government (Temporary Provisions) Act, 1923, which applies in every County to which a County Scheme relates, removes all the restrictions on outdoor relief that existed under the old law and legalises the granting of Home Assistance to any person who is eligible for relief.

156. As pointed out in Chapter II., the expression " person eligible for relief " is defined in each scheme as " any poor person who is unable by his own industry or other lawful means to provide for himself or his dependants the necessaries of life or necessary medical or surgical treatment." It is evident from the provisions of Article 15 of each Scheme that under the new order of things Home Assistance is intended to be the normal method in which Boards of Health were to discharge the obligation, originally imposed on the Boards of Guardians by the Poor Relief (Ireland) Act, 1847, of affording relief to destitute poor persons.

In the first place all the Schemes prescribed the institutions that are to be provided and the classes that are to be received and maintained in these institutions and prohibits the Board of Health from contributing to or maintaining any institution except as provided in the Schemes or set up with the approval of the Minister.

A further proviso reads as follows :

" No person eligible for relief shall be relieved in any institution provided and maintained under this Scheme unless he can be relieved effectively in such institution at less cost than in any other lawful way."

157. For classes such as able-bodied who are not in any scheme included in the classes to be relieved in an institution but who may still be persons eligible for relief, and for widows with children, Home Assistance would seem the only legal form of relief they can get and as regard other classes they also can only be relieved by means of Home Assistance, unless they are specifically mentioned as being a class for whom institutional accommodation is provided, or are persons who can be sent to extern institutions.

158. We find no fault with the legislature for the change they made as we believe that institutional relief should only be granted where it is impossible, impracticable or wasteful to relieve in any other manner. To avoid abuse in the administration of Home Assistance without being able to fall back on a test such as " the workhouse test " requires careful scrutiny of each applicant's case and courage and determination to resist undue pressure to afford relief under circumstances that may not altogether warrant its being given. Under these circumstances it might not prove wise to prevent altogether the relief of some classes in institutions.

159. The method of obtaining relief is by application to the Board of Health or to an Assistance Officer.

Complaints of extravagance.

160. A number of witnesses who appeared before us complained that removal of the restrictions in regard to Home Assistance had led to great extravagance and that the cost of Home Assistance was now altogether excessive.

161. We have already (Para. 85) in comparing the year 1925 with 1913 shown that whilst there has been a reduction in the number of persons in institutions the

[1] 10 Vic. cap 31.

number on Home Assistance has increased. The expenditure on Outdoor Relief in the year ended 30th September, 1913, was £112,245, as compared with £372,654 in the year ended the 31st March, 1925.

162. While it was not our duty to examine into the merits or otherwise of individual cases in which relief was given there is evidence that abuse and extravagance did take place in some areas at the inauguration of the new policy in the matter of granting Home Assistance, but it must not be overlooked that this was almost bound to arise in the initial stage of interpreting more generous legislation, administered by new bodies and to some extent by new officers. Further, the new legislation was born in troubled times and much must be forgotten and forgiven. We have had ample evidence before us to show that the matter of Home Assistance is receiving the very careful attention of the different Boards of Health, and Commissioners acting in place of Boards, with a view to economy and, on the whole, we see no reason for imposing the old absolute restrictions, though, as stated before, we think, it is, perhaps, a mistake not to leave those in control a discretionary power as to whether the assistance shall be given in an institution or at home.

The Regulations governing Home Assistance.

163. We recognise that Home Assistance is the form of relief most open to abuse, and that, therefore, it requires most careful administration and supervision, and should only be afforded except as a matter of urgency after most careful investigation of all the circumstances of the applicant.

The Department of Local Government and Public Health would seem to be alive to this view and have drawn up very full and to some extent restrictive regulations. These regulations set out the form that relief to certain classes must take, and they prohibit Boards of Health from giving money for certain specific purposes.

The Regulations also provide for a constant review by the Board of Health of all cases of Home Assistance as, except, in cases of permanent infirmity of mind or body medically certified, Home Assistance can only be allowed for one month. Permanent cases have to be reviewed by the Board every three months.

The Board of Health are also not without power to test the able-bodied person seeking home assistance. Under the County Boards of Health (Assistance) Order, 1924, they can require the performance of such suitable task or work as the Board may determine so long as home assistance continues. It should be possible with the assistance of the County Surveyor in the case of the able-bodied to devise a scheme of work for such which might be as effective a test of their need as the workhouse was intended to be.

These provisions are, in our opinion, wise and if properly administered should prevent abuses and extravagances. Perhaps the most important aid in this respect is a regulation requiring each Board of Health to appoint, subject to the approval of the Minister, a Superintendent Assistance Officer.

The Superintendent Assistance Officer.

164. Holding as we do that adequate knowledge of all relevant circumstances which implies a full investigation of each case is the great aid to economy and efficiency in the granting of home assistance we are fully convinced of the wisdom of the regulation which requires each Board of Health to appoint a Superintendent Assistance Officer. This is a new office to which many of the duties of the late Clerks of Unions in connection with Outdoor Relief have been attached. The Superintendent Assistance Officer has a general responsibility for the proper administration of Home Assistance. He has to visit the cases periodically, receive reports from the Assistance Officers, and satisfy himself of the *bona-fides* of those receiving assistance. The regulations require that where a person other than the Secretary or other officer of the Board of Health is appointed to this post he shall undertake to devote his whole time to his duties.

The regulations seem to contemplate if not suggest that the Secretary of the Board of Health should or might be appointed to this post. We are not sure that the Secretary or any other officer of the Board of Health whose time is fairly occupied and whose duties require his daily attendance at an office can properly do the work of Superintendent Assistance Officer. Two Secretaries, who were also

Superintendent Assistance Officers, stated in evidence that their secretarial work occupied their whole time.

The post is one requiring special qualifications of character and experience, and if not filled by a whole-time officer, should be occupied by one whose other duties would require him to be constantly moving through the country.

165. We consider that the Superintendent Assistance Officer has a most important position of trust, not only on behalf of the Board of Health and ratepayers generally, but also on behalf of the poor, and if extravagant and unnecessary expenditure takes place in their relief it must react on the deserving poor for whose adequate relief there are no funds. We believe if suitable and experienced officers are appointed to this position wasteful expenditure on Home Assistance should not be possible if they discharge their duties properly. The Local Authorities (Officers and Employees) Act, 1926, now applies to appointments to this post and unless an appointment is made by the local authority under section 5 of the Act with the sanction of the Minister the selection of suitable candidates will rest with the Local Appointments Commissioners.

166. We are glad to be able to state that all the Boards of Health, except the Limerick County Borough Board, who have only one Assistance Officer, have appointed Superintendent Assistance Officers.

In the following Counties or County Health Districts they are whole-time officers for the purpose :—Clare, Cork North, Cork South, Cork West, Galway,[2] Kilkenny, Leitrim, Limerick, Meath, Tipperary N.R., Tipperary S.R., Waterford, and Wexford.

In the following Counties the Secretary of the Board of Health also acts as Superintendent Assistance Officer :—Carlow, Kerry, Longford, Louth, Tirconaill, Westmeath.

In the following Counties the Superintendent also acts as a Home Assistance Officer or in some other capacity under the Board :—Cavan, Kildare, Laoighis, Mayo, Monaghan, Offaly, Roscommon, Sligo, Wicklow.

Assistance Officers.

167. Each Board of Health area is divided up into Home Assistance Districts, and in addition to the Superintendent Assistance Officer, the regulations require that there shall be an Assistance Officer for every such district. In June, 1926, there were altogether 312 Assistance Officers.[3]

The duties of the Assistance Officers are prescribed in the regulations made by the Minister and if faithfully fulfilled they should ensure adequate service for the poor and at the same time safeguard the interests of the ratepayer.

168. There is a considerable variation in the number of cases dealt with by a single officer. In Cork and Waterford County Boroughs there are instances where the number of cases on an officer's books exceeds 500, whereas in some rural areas officers dealing with less than 10 cases are not uncommon. It is no doubt possible for an officer whose district is in an urban area to deal with a much larger number of cases than one who has to travel over a larger but less thickly populated district.

169. We strongly recommend that, where the area of their districts and the ordinary number of cases in receipt of assistance warrant, officers appointed to this position should be whole-time officers.

170 It is of great importance to the poor that the Assistance Officer should reside in a place easy of access and, if possible, near a telegraph office in his district. Two cases of Assistance Officers residing a considerable distance from the most important town in their district have come under our notice. The Assistance Officer in whose district is the town of Athy, resides in Castledermot, eight miles away, and the Assistance Officer, in whose district is the town of Kilrush, resides at Kilmihil 7 or 8 miles distant.

We suggest that the name and address of the Assistance Officer for the area should be posted at every Gárda Síochána Barracks, together with the name and address of the Superintendent Assistance Officer.

The amounts granted by way of Home Assistance.

171. We have had prepared a return, which will be found in the Appendix, showing the numbers on Home Assistance during the week ended the 27th March, 1926, and the amounts granted by way of assistance.

[2] Excluding the Rural Districts of Clifden and Oughterard.
[3] Excluding 22 relieving officers in the Unions of Dublin, Rathdown and Balrothery.

The following is a summary of the return :—

WEEKLY AMOUNTS ALLOWED.	NUMBER OF CASES.	PERCENTAGE OF THE TOTAL NUMBER.
Under 2s. 6d.	257	1.3 per cent.
2s. 6d. and under 5s.	4,883	24.2 ,,
5s. and under 7s. 6d. ..	8,125	40.3 ,,
7s. 6d. ,, 10s.	3,910	19.4 ,,
10s. ,, 12s. 6d. ..	1,765	8.8 ,,
12s. 6d. ,, 15s.	520	2.6 ,,
15s. and over	693	3.4 ,,
Total ..	20,153	100.0

It will be seen from this table that 65.8 per cent. of the total number in receipt of Home Assistance were allowed less than 7s. 6d. per week and 85.2 per cent. were allowed less than 10s. per week.

172. From a Table furnished to us by the Department of Local Government and Public Health, we learn that of the total number receiving Home Assistance or Outdoor Relief on the 31st March, 1925, 57 per cent. were permanently disabled by age or infirmity ; that 15 per cent. were assisted because of sickness or accident ; 14 per cent. were widows with dependent children ; 6 per cent. were able-bodied males with dependent families ; the remaining 8 per cent. being made up of unclassified cases. An analysis of the amounts allowed shows that the assistance granted can only be looked on as a supplement to other means or to what can be got by begging and from charitable sources, and we fear that in many cases it is altogether inadequate to provide the necessaries of life, the want of which or of the capacity to supply them is the qualification for relief.

The law as it stands at present throws on the different Boards of Health the onus of providing destitute persons eligible for relief with the means of obtaining the necessaries of life and these would seem as a minimum to consist of food, shelter, firing, and clothing.

Only in the case of the particular classes for whom the alternative of institutional accommodation is provided in each scheme can the Boards of Health discharge their responsibility by admission to an Institution.

173. We are satisfied from the statistics placed before us and from the evidence that Boards of Health, whilst perhaps acting with more liberality than their predecessors, still fall short of discharging their full obligations in regard to persons eligible for relief who cannot be sent to institutions, and this applies particularly to the cases of widows with children and able-bodied males with dependent families. For neither of these classes is there any method of relief other than Home Assistance.

The relief of destitute widows and their children.

174. We have had abstracted from the Home Assistance and Out-door Relief Registers the weekly sums granted by the different Boards of Health and Boards of Guardians to widows. The following is a classified summary of the amount allowed :—

WIDOWS.	AMOUNTS ALLOWED.							
	Under 2s. 6d.	2s. 6d. & under 5s.	5s. and under 7s. 6d.	7s. 6d. & under 10s.	10s. and under 12s. 6d.	12s. 6d. & under 15s.	15s. and over	TOTAL
(*a*) without children ..	25	572	1,554	1,287	79	4	7	3,528
(*b*) with one child ..	5	111	297	133	83	2	1	632
(*c*) with two children..	–	73	321	215	235	160	11	1,015
(*d*) with three children	1	33	149	151	213	89	153	789
(*e*) with four children	–	12	71	60	174	61	148	526
(*f*) with five or more children	–	4	40	55	117	36	182	434
	31	805	2,432	1,901	901	352	502	6,924

The majority of the cases are stated to have no means of any sort, so on the facts the amounts would appear totally inadequate to provide the necessaries of life and in so much as they fall short of this the Boards of Health are not discharging their statutory obligations.

175. We received a considerable amount of evidence in favour of removing destitute widows with children from the purview of the Poor Law. It is urged that the present system of Poor Relief for widows even when administered sympathetically is altogether inadequate, that the Assistance allowed varies considerably, and except in Dublin there does not seem to be a regular scale, that it is hurtful to the self-respect of these women who have been reduced to destitution through the death of their husbands to be compelled to parade their poverty every week at the office of the Assistance Officer.

176. Witnesses were generally in favour of substituting for Home Assistance Widows' Pensions payable by the State.

Mothers' Pensions by which is understood maintenance grants in respect of children under a fixed age to a widowed or deserted mother who has not the means to feed, clothe, and house her children adequately, are in operation in several states of the American Union. The pension is fixed after a full investigation of the income of the family, and is adequate to support in frugal comfort the widow and children until the latter attain the wage-earning age. Where the children are very young and require constant supervision, the mother is not allowed to take work outside her own home.

We are in favour of a Scheme of Mothers' Pensions payable by the State.

177. Very few of the witnesses questioned on the subject had considered the question of a contributory scheme such as exists in Great Britain.

Strictly speaking, a contributory scheme is an insurance rather than a Poor Law problem, and for that reason we did not take detailed evidence on it.

The Widows', Orphans', and Old Age Contributory Pensions Scheme, introduced in Great Britain in January, 1926, will come into full force in 1928. It is combined with National Health Insurance, and is administered by the Ministry of Health Insurance Department in England and by the Board of Health in Scotland.

There is a combined weekly contribution for Medical Services, Sickness, Disablement, Maternity Benefits, and Pensions. For men the combined weekly contribution is 1s. 6d., and for women, 1s. 1d. In the case of men, 9d. of 1s. 6d. per week is payable by the employer, and 9d. by the employee. In the case of women, the employer pays 7d., and the employee, 6d. per week.

For this combined contribution the employee receives Medical Benefit for life ; Sickness Benefit for 26 weeks at 15s. a week for men and 12s. for women ; Disablement Benefit at 7s. 6d. per week for men and women, up to the age of 65 ; and an old age pension from 65 to 70 years of age at 10s. per week. At 70 the payment of the Old Age Pension is paid under the Old Age Pensions Acts, without further inquiry. If the husband who has been an insured person for 104 weeks dies, leaving a widow, she receives a widow's pension of 10s. a week during widowhood. If she has children she receives an additional allowance for every child under a specified age, of 5s. for the first child and 3s. for every subsequent child. The children's allowances are continued should the widow re-marry and thus forfeit her own pension. Should the insured person die leaving orphans but no widow, each orphan receives 7s. 6d. per week until he or she reaches the specified age, which is 14 years, unless the child is at school, in which case the specified age is 16.

Considered separately from Health Insurance, the rate of contributions for widows' and orphans' pensions and for the additional right to old age pensions are 9d., for a man (4½d. payable by employer and 4½d. payable by employee), and 4½d. for a woman (2½d. payable by employer and 2d. by employee). The relation of contributions to benefits is based on the principle that the value of contributions to be paid by a person entering into insurance at age of 16 is equal to the value of the benefit he is to receive. The State provides the money representing the excess of liability for benefits over contributions in regard to persons who enter into insurance at various ages between 17 and 70. This liability of the State for the first ten years has been equalised by guaranteeing a payment of £4,000,000 per annum. After that time the Exchequer contribution will vary with the liability. It is contemplated that the contributions will be increased after the year 1935, subject to the general financial operation of the Scheme being reconsidered at that date. A Scheme based on similar lines has been introduced

in Northern Ireland. There are various restrictions and qualifications which we need not enter into, but the main outline of the Scheme is as set out above.

In consequence of the grant of pensions or allowances under the Scheme the number of widows and children, who, by the end of March, 1926, had ceased to be chargeable to the Poor Law in England and Wales, was about 77,500.*

This Contributory Scheme has many attractive features. It gives very substantial benefits for a moderate contribution. It enforces thrift from the age of 16; it removes from the worker the constant fear for his wife and children; it ensures him and his wife pensions at the age of 65 instead of 70; and it encourages self-respect by removing all taint of Poor Law or State Relief from the allowances which his contributions have helped to provide.

We are not in a position to offer any observations on the cost or size of such a scheme in the Saorstat. The highest technical advice would be necessary, based on the Census returns, National Health Insurance Statistics, and other data which will only be available when the full Census Returns are ready.

178. Should the Government not feel in a position to shoulder the burden of Mothers' Pensions or even to introduce a scheme of Contributory Widows' Pensions, such as we have described, we would suggest that it is their bounden duty to see that the Boards of Health, on whose shoulders in the cases of those eligible for relief the burden at present rests, give adequate assistance.

179. Further, we think that where the relief of children is concerned, as in the case of widows with children, and able-bodied men with dependent families who, through no fault of their own, are not able to provide the necessaries of life, the State might encourage Boards of Health in the discharge of their duties by making a grant equal to half the cost subject to a fixed maximum where assistance is afforded on an approved scale to necessitous widows with children and to the children of destitute able-bodied men.

180. It is difficult to estimate what a grant made on these lines would cost the State, but if the maximum is fixed at 10s. per week for a widow, and 5s. for the eldest or only child, and 3s. for each other child, it would probably exceed £90,000 annually. Such a grant would relieve the ratepayers of a very heavy burden, which, in our opinion, they are otherwise bound by law to undertake.

The distribution of Home Assistance.

181. It appears to be the practice in the distribution of Home Assistance and is contemplated by the regulations that the Assistance Officers should attend at fixed places, generally the dispensaries in their districts, and from these depots distribute the sums of money or other assistance authorised to be given.

Exception was taken to this as tending to expose respectable poor to unnecessary degradation and humiliation and various remedies were suggested, among which were the payment of the relief by pay order or through the Post Office as in the case of old age pensions and military pensions.

Where the Home Assistance is likely to be continuous, it might be possible, if the Post Office authorities were willing to help, to arrange for the payment of the weekly sums in much the same manner as the old age pensions or military pensions are paid.

Payment of Home Assistance by Paying Order was tried in County Longford, but did not prove a success, and had to be abandoned.

Charitable Organisations and the administration of Home Assistance.

182. It was also suggested that Home Assistance should be administered through charitable organisations. The original schemes in the Counties of Mayo, Clare, and Galway, contemplated this method but in the finally approved schemes, this was not given effect to.

We do not think that public money should be disbursed through private agencies, and apart from this we are not aware that there are any charitable organisations who would be willing to undertake such work and have their actions reviewed both from a legal and economic aspect by a Local Government Auditor.

183. The chief Charitable Organisation throughout the Saorstát is the St. Vincent de Paul Society. The Right Hon. James MacMahon and Mr. F. T. Sweeney gave evidence on behalf of this Society, and this must be taken into account

* Seventh Annual Report of the British Ministry of Health, p. 107.

when considering the feasibility of enlisting voluntary aid from charitable organisations in the administration and distribution of Public Relief.

On this point Mr. MacMahon stated :

" The question of co-operation between the St. Vincent de Paul Society and purely relieving bodies was, having regard to the essence of the aims and objects of the Society, impossible, because the Society is not, as the public too often assume, a purely relieving society. Our means from that point of view are very small, and the relief we give in money or kind is a mere drop in the ocean of what is necessary and required even amongst the poor we go to see.

" The primary object of the Society was the moral uplifting of the members as well as the poor they visited, and to bring about friendly relations and associations between two bodies—those that had means and those that were without means. By means of that association the idea was to create a feeling of brotherhood. In the early days of the Society of St. Vincent de Paul, the idea of relief did not exist. That came on afterwards, and was used as a means towards the original end of the Society. For that reason we felt that we must object to co-operation between us and a body which must relieve all who are in need and which would involve us in cases we could not adopt because we would do no good to the family and would do no good to ourselves. The relieving officer is bound to relieve need wherever it exists. We go and visit people and make friends with them and though our principal aim is not merely to uplift them socially but morally we find that a relationship exists between us that is different to what it would be if we went there officially or as officers to give relief. Our Council of Direction in Paris, which rules the Society, thought it would be unwise of us to co-operate, even to the extent of exchanging with other societies our list of clients or our list of families to be relieved. We hope we have established an intimacy which is useful both to them and to us. That would be quite impossible if it were thought that we would supply details of their necessities or conditions to other institutions which are purely governmental in their nature. It was for that reason and in order to preserve our main objects that we were obliged to decline to co-operate. At the same time, if other societies write to us and let us know anything that would point to overlapping or anything of that kind, of course we act on it at once without disclosing the source of information. We are also willing to learn from them if they relieve certain cases and we will help as far as we can, without disclosing any confidential information, in seeing that they or we are not humbugged. I should like to stress the fact that in its essence ours is a religious society rather than a purely relieving one. It is not for relieving at all. As I said we have no means and what we are able to do in the way of relieving families is merely a drop in the ocean."

The witness further stated that whilst there was nothing to prevent the members of the Society becoming the almoners of other charitable bodies, the Society cannot be used for anything outside its scope.

The Elberfeld System.

184. A number of the witnesses advocated the introduction of what is known as the Elberfeld system in connection with the relief of the poor. The fundamental principal underlying the system is that ineffective or unnecessary or wasteful Home Assistance increases pauperism and by so doing renders effective and adequate assistance almost impossible. The aim is to secure that by the most thorough and sympathetic examination of all the circumstances of each applicant for assistance not only at the time the application is made but almost continuously throughout the period that relief is being afforded that it is necessary, that it is adequate, and is being properly used. For this purpose friendly relationship between the relieving officers and the poor is essential and the work of investigation and relief is done by a large band of voluntary assistants. In practice the Elberfeld system is workable only in large urban areas and towns or districts that are very thickly populated.

The method consists in setting up a number of small committees of unpaid workers. Each committee has a district and a president or chairman, and is collectively responsible for the administration of all details of the outdoor relief in its area or district. The voluntary workers act both on the committees and as enquiry and relieving officers.

The president or chairman of the committee assigns to each member the cases that he is to look after, visit, pay the relief to, and report on. The number of cases usually assigned, ranges from 4 to 12. They have to be visited at least every fort-

night and the relief officer as the member is called has to be in a position at any time and all times to give full and accurate accounts of all or any of the cases under his charge.

To a very large extent the idea is very similar to the idea that underlies the St. Vincent de Paul Society work, namely, the establishment of such good relationship between the relief officer and the poor person that the latter will be looked upon as a friend and personal helper rather than an official and in that capacity in many cases will be able to assist in the moral uplifting of the poor with whom they come in contact and in a number of cases remove the cause of poverty.

We would hesitate to recommend its application definitely in the Saorstát without studying more closely than has been possible the conditions under which it is worked in Germany.

Public Assistance has to be administered or ought to be administered on much more stringent lines than Charitable Assistance, and we see a danger to both if charitable workers became the almoners of public assistance.

Utilisation of voluntary workers by the public authority.

185. The work of the St. Vincent de Paul Society, the Women's National Health Association, the Queen Victoria Jubilee Nurses' Institute, the Lady Dudley Nurses' Association, the Sick and Indigent Roomkeepers' Society, the Police-Aided Children's Clothing Society, and many others require no commendation from us. Anything that might even remotely affect the well-being of these charitable and benevolent societies would, in our opinion, be a calamity. Article 11 of every County Scheme and Section 13 of the Local Government Act, 1925, give the Board of Health power to appoint Committees composed either wholly of their own numbers or partly of their own numbers and partly of other persons for any purpose which they think would be better managed by such Committees and with the approval of the Minister they can devolve on their Committees power to do anything they themselves can do.

These very wide powers open the door to voluntary helpers, and we would be glad to see Boards everywhere use these powers where voluntary help is available.

At a later stage we shall refer to ways and means of assisting Charitable and Benevolent Associations whose work is of benefit to the State.

186. We recognise that there is force in the plea of some of the witnesses for the co-ordination of Public Relief with Charitable Relief, so as to prevent overlapping. Much could be done in this matter within the existing law and regulations by good-will between the public officers and the officers of the various organisations. Definite legislation on this subject might only defeat itself. The law might, however, admit of the Minister giving his sanction to an experimental scheme on the lines of the Elberfeld system being inaugurated on the submission in detail by a Board of Health of such a proposal.

Publication of the names of persons assisted.

187. It was one of the duties of relieving officers to post in a public place lists of those in receipt of Home Assistance in his district. No provision is made in the County Board of Health (Assistance) Order, 1924, for the preparation or publication of such lists.

We are averse as a general rule to advertising the poverty of those who have recourse to the rates. Nevertheless we think that it is useful to have some such means available if abuses are believed to exist, and we recommend that power should be reserved to the Minister to order, if he think fit, the publication in every district of the names of persons in that district in receipt of assistance.

Casuals.

188. As already pointed out (Para. 93) no provision for the relief of what were known as casuals or night lodgers is made under the schemes other than the general provisions governing the granting of emergency relief by the Home Assistance Officer.

This class are now relieved by the Home Assistance Officer by the method either of giving them the price of a night's lodging and food or finding and paying

for a night's lodging for them. We understand that sometimes cases of hardship arise through the difficulty of obtaining lodgings.

We think that the present law is rather rigid, and that in cases of absolute emergency not only in the case of casuals but in every case of a homeless person eligible for relief where the assistance officer having made every endeavour to procure lodgings even at a price considerably in excess of the normal, fails to find them, he should be able to send the case to the County Home for one night and after that the Superintendent Assistance Officer should take over the case and having satisfied himself that the facts warrant it, should either confirm the Assistance Officer's action or discharge the case and report fully to the next meeting of the Board of Health.

We believe that it may be necessary in Cork, Dublin, Waterford, and Limerick to set aside special accommodation for this class.

CHAPTER V.

THE DISPENSARY MEDICAL SERVICES.

189. We have next to deal with the relief of the sick poor under the Poor Relief (Ireland) Act, 1851, (the Medical Charities Act), and at present we shall examine this matter only from the point of view of its efficiency and adequacy.

The provisions of the Act of 1851 have stood the test of time for they are in the main unaltered, though by subsequent Acts additional duties have been imposed on dispensary medical officers and borrowing powers have been given for the purpose of providing dispensaries and residences where necessary for the medical officers.

We have already referred (Paras. 19 and 20) to the main provisions of the Act, so it is not necessary to recapitulate them.

Officers.

190. Under the Act there have been established 588 dispensary districts; 634 doctors have been appointed to these districts and 30 apothecaries and 657 midwives.[1]

Where no apothecaries or compounders of medicines have been appointed the medical officer compounds his own medicines.

None of the doctors appointed to dispensary districts are whole-time officers, though in some of the Dublin districts it is difficult to see how if the medical officer attends fully to the number of calls made on him he can have much time for private practice. The first duty of all medical officers of dispensary districts is to the poor, and by poor is meant those who are unable to pay such a fee as would ensure medical attendance.

The Services provided.

191. It might be well to stress the point again that the Medical Charities Act provided medical relief for poor persons as distinct from destitute poor persons. The schemes have now defined those entitled to relief in general, including medical relief as those who are unable, among other things, to provide for themselves necessary medical and surgical attendance. Under the Act of 1851, and so long as the Board of Guardians were dealing with the matter, any poor person who obtained a ticket from a Guardian or a Warden duly authorised was entitled to free medical or surgical attendance and to free medicine and surgical appliances in so far as these were necessary. A ticket might be either a direction to the Medical Officer to visit the patient's home (a red ticket on Form E.2) or a direction to afford advice and medicine at the dispensary (a black ticket on Form E.1).

The provisions of the Act have in no way been altered consequent on the changes effected by the Schemes except that the Board of Health have been substituted for the Guardians and the power to appoint wardens now rests with them.

192. That the poor are making fairly free use of the services provided for them under the Medical Charities Act, is evidenced from the fact that for the year ended 31st March, 1925, the number of new cases attended was as follows:—412,495 attendances at dispensaries and 114,492 attendances at the patients' homes.

Statistics showing the attendances in each County will be found in the Appendix.

193. An examination of these statistics shows that relatively to their population the whole of Connaught and the counties on the western seaboard would seem to demand less free medical attendance than the better off counties in the Midlands and the east. For instance, free attendances in Louth and Carlow, the smallest, and among the more prosperous counties, number 8,937 and 7,873 respectively, whereas in Mayo, Sligo, and Roscommon, all larger counties where the number of

[1] The number of doctors and midwives appointed does not correspond with the number of districts because in a few cases one doctor and midwife acts in two districts and in a larger number of cases there is more than one doctor and one midwife to a district.

small holders of land is much greater and the counties constitute portion of the congested districts, the numbers are 7,234, 6,399, and 7,693 respectively, while in County Kildare, a relatively small and not a poor county, compared with Kerry, the numbers are 19,299 for the former and 17,565 for the latter.

194. The general evidence we received in regard to the working of the Medical Charities Act was of a satisfactory nature and indicated that on the whole it was giving effective and proper service to the poor. In confirmation of this it may not be out of place to quote portion of paragraph 78 of the Interim Report of the Committee of Inquiry into Health Insurance and Medical Services which was appointed by the Minister for Finance in 1924. This Committee, of which Professor Magennis, was chairman, reported as follows :—

"The administration of the Medical Services comprised in the Medical Charities Act has in recent years thus been made more efficient and more progressive; and, whilst having due regard to economy, is now giving valuable service to the sick poor."

Criticisms of the Dispensary Medical Services.

195. Miss MacMahon, of Achill Island, County Mayo, and Mr. O'Hara, of Swinford, County Mayo, both, however, expressed the opinion that so far as Mayo was concerned the poor were not taking advantage of the free service to which they were entitled, and that the dispensary medical system had broken down. They stated that no matter how poor a person was, he or she was averse to getting a ticket for free attendance, and always endeavoured to find some means of paying the doctor. Further, these witnesses complained of high fees charged by medical practitioners. They suggested that the dispensary system should be altered and that a scale of fees should be laid down for the medical officers.

196. Consequent on this evidence, the Department sent one of their medical inspectors, Dr. Sterling Berry, to West Mayo to investigate the working of the Medical Charities Act, and we have been given a copy of his report.

197. It is evident from this report that the administration of the Medical Charities Acts during the past few years in portions of County Mayo left much to be desired and no doubt gave ground for some of the statements made by the witnesses, as it would seem that in many districts medical relief tickets were difficult to obtain.

198. Further, we are aware that there exists among many of the small land-holders of the West, some of whom on even a very restricted definition of poor person would be entitled to free medical attendance, a belief that they would not get proper attendance on a ticket, and this no doubt operated against the full use being made of the dispensary service, as they endeavour, no matter how small their resources, to scrape together a fee for the doctor.

199. There is no corroborative evidence to show that dispensary medical officers were exorbitant in their demands for fees in the case of poor persons who elected to pay them a fee instead of applying for a ticket, nor is there any evidence to show that in cases where poor persons were unable to pay any fee that the medical officers refused attendance even though no ticket was presented.

Scales of Fees.

200. The Department of Local Government and Public Health recognises that there are many who, whilst not able to pay ordinary fees, may be able to pay small fees, and in its regulations it provides a means by which Boards of Health and Dispensary Medical Officers may agree as to the scale of fees to be charged according to means.

It would be difficult, and we doubt whether it would be satisfactory, to force on the doctor a scale of fees and in many cases the scale might operate prejudicially to the interests of the poor.

201. The duty of the legislature is to provide medical relief for those who are not able to provide it for themselves, and this has been done under the Medical Charities Act. It has been indicated to both Boards of Health and the Medical Officers that a middle course between free attendance and attendance at full fees might be found so as to meet the cases of poor persons who are willing and able to pay a small fee and do not wish to have recourse to a free ticket.

202. We earnestly recommend the consideration of Article 9[2] of the General Rules for the Government of Dispensaries to Boards of Health and the Medical Officers. We would suggest that wherever a scale of fees is agreed on the scale should be published widely in the district and should be posted at each dispensary, it being clearly stated that it applies only in cases where no tickets for free attendance have been issued.

We do not see that the matter can be pressed further at present.

State Medical Service.

203. The substitution of a State Medical Service for the medical service at present obtaining under the Medical Charities Act was referred to by some witnesses.

We are aware that the Committee on Health Insurance and Medical Services were specifically directed :—

" To examine into and report on the question whether the Medical Services at present assisted or maintained out of State or local funds can be improved as respects efficiency and economy, and if so in what manner. . . . . "

We think it desirable, therefore, to leave this matter to be dealt with by them and consequently refrain from expressing any opinion on the subject.

Condition of the Dispensaries.

204. With regard to the condition of the dispensaries, which are important structures in the effectiveness or otherwise of the administration of the Medical Charities Acts, the evidence we received was not encouraging.

Dr. Stephenson, principal Medical Officer of the Department of Local Government and Public Health, states :—

" Some of our branch dispensaries are not up-to-date. During the war the Dispensary Building Fund was held up and it is not available yet. We have nothing to boast about in our dispensaries. As a rule there is one good dispensary but the outlying ones are bad."

Mr. Philip Monahan, former Mayor of Drogheda, and at one period Commissioner for County Kerry, and now Commissioner for the City of Cork, states :

" A great many of the dispensaries are very bad and entirely unsuitable. I have in mind two dispensaries which when I first saw them were scarcely fit to be used as stables. Few cases come to the country dispensaries, but when a health authority takes over a building one would like to feel that those who passed it by would be impressed by its cleanliness and the neatness of its surroundings. In some of our rural dispensaries the only sign of neatness is the printed board which tells that the local authority provides such places for the treatment of the sick poor."

Dr. Sterling Berry, the Inspector, in his report to which we have already referred, states :

" Some of the dispensaries I inspected in West Mayo were in a deplorable condition for want of repair."

205. We have looked through the reports of the Department's Inspectors, and while generally they disclose that the accommodation is suitable some are stated to be in poor repair and in a few the accommodation is declared to be unfit for the purpose of dispensaries. We have not been able to visit a great number

[2] Article 9 of the Dispensary (County Boards of Health) Rules and Regulations, 1923, is as follows :—

Any member of a Board of Health, warden or assistance officer who has issued a ticket for medical relief shall, on being furnished with additional trustworthy information showing that the sick person for whom the ticket was issued is not a " poor person " within the meaning of the Medical Charities Act, be at liberty, and is hereby empowered to withdraw such ticket, provided always that immediate notification of such withdrawal is given by him in writing to the medical officer, the Board of Health, and the person on whose behalf the ticket was issued.

In order to enable members of a Board of Health, wardens, and assistance officers to be in a better position to judge whether an applicant for medical relief is a " poor person," the Board of Health may invite each of their medical officers to furnish in writing a scale of charges for attendance upon persons whose circumstances would not admit of their paying the doctor's usual fees, and a copy of every such scale of fees, if furnished to the Board of Health, shall be supplied by the Secretary to each member of the Board, and to each of the wardens and assistance officers connected with the medical officer's district. Any such scale of fees shall be regarded as operative until withdrawn by the medical officer.

of the dispensaries, but we have visited some in different parts of the country. The result of our inspection has been to confirm generally the strictures we have quoted.

206. We found in some cases that the accommodation is altogether unsuitable, and in most cases the furnishing is of the poorest description, consisting of a chair or two in the consulting room. In very few was there any form of couch. In some, there were benches in the waiting room, and in others, nothing at all.

207. The order and cleanliness in a number of the dispensaries were very bad, and it was difficult to believe that where a full examination was necessary it could be carried out without discomfort or that anything more than the most simple compounding could be safely undertaken. Generally speaking the standard of comfort of the dispensaries was low.

208. Seeing that about four-fifths of the services rendered to the poor under the Medical Charities Acts appear to be rendered at the dispensaries, it is essential that the accommodation should be clean, comfortable, and well-equipped, and that it should be sufficient to ensure absolute privacy for a complete examination should such be necessary.

Inspection of Dispensaries.

209. The evidence that we have had would indicate that inspections by medical inspectors are as a rule regular. Periodical inspections are made after notice has been given. Except under special circumstances, surprise inspections are not made.

210. The medical officers are supposed to have stated hours for attendance at dispensaries, and we see no reason for notification of the intention to inspect. We attach great importance to the inspection and to every inspection being made so as to ascertain the regularity of the attendances of the medical officers and the normal conditions under which the work is carried out. It is unlikely that the two conditions will be ascertained when notice of intention to inspect has been given. We see no reason why medical officers should be free from surprise inspections more than any other officer.

211. The poor as a whole are very slow to make complaints ; but because no complaints are made it does not follow that there are no grounds for complaint, and conscientious inspections very often obviate the necessity for complaint and they give confidence to the poor.

212. It must not, of course, be understood from the foregoing that we do not recognise that circumstances may sometimes arise which prevent a medical officer from being punctual in his attendace at dispensaries, but we presume that no fault would be found in such cases by the inspectors.

Co-operation between Hospitals and Dispensaries.

213. Under the regulations governing the method of admission to county or district hospitals almost the entire onus of admission to hospitals is thrown on the dispensary medical officers, and this was no doubt done, and rightly done, with a view to making the hospitals as it were a complement to the dispensary system. They are a very necessary complement and every encouragement should be given to dispensary medical officers to look on them as such.

Midwives and District Nursing.

214. So far we have dealt with the Medical Charities Act largely from the point of view of the duties and obligations of the medical officers, but the benefits of the Act are not confined solely to such as are administered by medical officers.

The Act contemplated the appointment of other officers, and under it 657 midwives or district nurses have been appointed. As a rule, a midwife is appointed for a dispensary district and is auxiliary to the medical officer for maternity cases. In some cases, however, a midwife may have two districts to attend to and in others in populous areas there is more than one midwife appointed for a district. The number appointed in each county, the salaries paid, and the number of cases attended will be found in the Appendix.

215. Except in five cases these nurses have only midwifery qualifications. The salary paid to the midwife is scarcely a living wage, even at present. Though

the salaries have been much improved of late years, they must be looked on largely as retaining fees.

216. The services of a midwife on a free ticket do not appear to be availed of as frequently as the circumstances of the poor would permit.

217. Before leaving this branch of the Poor Law we must refer to the subject of the provision of general nurses with medical and surgical training in each dispensary district.

218. With the exception of three nurses in Galway, one in Offaly, and one in Tirconaill the district nurses are solely maternity nurses. In these districts they have general nursing qualifications as well.

219. We consider that nurses with general qualifications are a necessary complement to the Medical Service in each dispensary district.

220. We know that this want is unofficially supplied in many areas through the voluntary organisation of the Queen Victoria Jubilee Institute for Nurses and through the Lady Dudley Nursing Scheme which is supervised by the Jubilee Institute.

221. The Jubilee Institute for Nurses is really an organisation for the special training and supplying of nurses to districts where local branches of the Institute are formed, through whose medium the expense of the nurse is guaranteed. The amount of guarantee required is, we understand, about £180 to £200 per annum.

All the nurses of the Institute go through a special training in the nursing and tending of cases in circumstances that are likely to be met in the homes of the poor.

The nurses chosen are all specially selected and they are inspected and supervised from the Institute. The principle, however, in connection with the Jubilee Nurses is that local funds must be found to pay the Institute for the service of its nurse, and the nurse's service is then at the disposal of the poor free of all charge. The district or area that the nurse is to operate in is arranged by the Local Committee.

222. The Lady Dudley Nursing Scheme is different only inasmuch as it provides nurses for the poorer districts in which local funds are impossible to obtain.

223. We learn from the evidence of Miss Michie, Superintendent of the Jubilee Institute for Nurses in Ireland, that there are in the Saorstát 125 nurses attached to the Jubilee Institute (iucluding 25 Lady Dudley Nurses and 2 United Irish Women Nurses) and that the Institute supervises the work of 21 non-Jubilee Nurses. Sixty Jubilee Nurses (including Lady Dudley Nurses) are qualified as midwives, and of these 25 practise as midwives in addition to their general work, the remainder only acting in emergency or in the absence of the Dispensary Midwife.

We know the character that these Nurses bear through the country, and we are aware of the extraordinarily good work that they perform.

224. General Nurses are required perhaps more under the present Poor Law arrangements than they were formerly, as there are fewer hospitals or infirmaries for the poor to have recourse to. We believe that the organisation of the Jubilee Institute is so good and has gained for itself such a general feeling of goodwill and almost of affection that the development of surgical and medical nursing in the homes of the poor had better take place through its agency than be superimposed on the Local Authority. We also know that the work the Institute can do is circumscribed by the want of funds. We suggest, therefore, that it might be made legal for the Local Authority with the consent of the Minister, where local effort to provide the funds has failed, to guarantee the difference between what is required and the amount that has been subscribed voluntarily.

225. In the provision of better dispensary accommodation it might be borne in mind that the dispensary is the most suitable centre for the residence of such a nurse, and where new dispensaries are provided distinct from Medical Officers' residences accommodation for a nurse might also be provided. The nurse could act as caretaker to the dispensary and would be most useful to the doctor in case of dressings to be done during dispensary attendance.

Tuberculosis Dispensaries.

226. Besides the dispensaries established under the Medical Charities Act a dispensary service has been provided in almost all counties under the Tuberculosis Acts. This service is not a Poor Law service.

At the tuberculosis dispensary any person who may require it can avail of the

advice of a specially qualified medical officer (the Tuberculosis Officer) who is entrusted with the direction of the county arrangements for treating tuberculosis.

On the ability of the Tuberculosis Officer to evoke the confidence on the one hand of the medical practitioners in his area, and on the other hand of patients, depends in large measure the success of the Tuberculosis Scheme in any county. Where this confidence is absent treatment is delayed and effective measures are hampered.

Obviously there should be the closest co-operation between the Tuberculosis Officer and the other medical officers in the county, and we consider the administration of the tuberculosis schemes should be examined from this point of view. The tuberculosis schemes in their inception were, for reasons which at the time were no doubt good and sufficient, entirely divorced from the Poor Law medical services. Now that the treatment of the sick poor has been put on a different footing, the tuberculosis service should be linked as closely as possible with the other public medical services.

CHAPTER VI.

UNMARRIED MOTHERS AND CHILDREN.

227. We have expressed the opinion (Para. 96) that the County Homes are not fit and proper places for the reception of all the classes that have been found in them, and we now propose to indicate the arrangement which we consider should be made for unmarried mothers, married mothers, and children, who together with mental defectives are classes that require special provision and should not be retained in the County Homes. Our proposals with regard to the last mentioned class will be found in Part II. of this Report.

228. A large amount of evidence was tendered to us on the problem of the unmarried mother and her child and we have given the matter much thought. We are satisfied from the evidence and from inquiries that we ourselves have made that in dealing with the problem of accommodation for unmarried mothers it must be recognised that there are two classes to be provided for, namely, (1) those who may be considered amenable to reform, and (2) those who for one reason or another are regarded as less hopeful cases.

229. The married mothers with children, for whom provision will have to be made in institutions, are women who subsequent to desertion had children not the offspring of their husbands. The number of these women is small and they will, for the most part, be dealt with in the same manner as the second class we have mentioned above.

230. The treatment or care of the first class must necessarily be in the nature of a moral upbuilding and, while requiring firmness and discipline, must be characterised by and blended with a certain amount of individual charity and sympathy which can only be given when a true estimate of the character of each girl or young woman has been made by those in charge. Experience would indicate that the treatment of these cases should not be too tied up with regulations or be too hidebound and that best results are more often attained by individual care. We, therefore, recommend that Boards of Health should be allowed an almost complete discretion in the matter of dealing with and paying for this class through the agency of Rescue Societies and other voluntary organisations. We believe that a very large number of this class can and should be so provided for, but we recognise that there will always be a residue composed probably of those who are the least open to good influences. If it were not that we feel bound in any recommendations we make to have regard to the expense involved, we would recommend special homes to be set up for this residue ; but we are not satisfied that local bodies can at present afford these additional institutions. We therefore consider that this residue might be dealt with in the institutions which we propose shall be set up for the second class we have mentioned.

231. It is difficult to arrive with any degree of accuracy at the numbers that would have then to be dealt with, but we find that on the 27th March, 1926, there were in the County Homes and Dublin Workhouse 629 unmarried mothers classed as first offenders, and 391 women who had fallen more than once. It is probable that the numbers to be provided for in institutions under the control of the Boards of Health will range between five and six hundred.

There are, approximately, at present in the County Homes and the Dublin Workhouse 1,000 children, excluding infants under one year.

These children should as far as possible be boarded out, but where such course is, from one cause or another impracticable, we think that they should be accommodated in the same institution as the unmarried mothers until they reach school age.

The number of infants under one year of age in the County Homes and Dublin Workhouse is about 500.

The problem at present, therefore, resolves itself into providing accommodation for about 600 women, 500 infants under one year, and 1,000 other children. These figures may, we think, be taken as maximum figures.

232. It is obvious that it would not be to the advantage of the women or children to place them all in one institution, and, as the classes with which we are dealing are to be found mostly in the Homes situated in the cities and the larger

towns, we would suggest that the natural location for such institutions would be in proximity to the larger County Homes. In Dublin an institution of this character has been established on good lines at Pelletstown, which was formerly the school of the South Dublin Workhouse. Another institution on much the same lines has been established at Kilrush, in County Clare, and we do not suggest that it should be discontinued. It is impossible for us to indicate more precisely where institutions of this character could be most conveniently situated as the matter must, unless each Board of Health sets up its own institution, be one of negotiation between groups of counties, subject, of course, to final approval by the Minister.

233. We consider it very desirable that attached to such institutions as may be set up there should be a probationary department and a maternity department. Both these are necessary in order to keep the unmarried mothers in the pre-natal period out of contact with the County Homes.

234. At present there is no power to detain a woman in any Poor Law institution, even when it is clearly necessary for her protection. We suggest that if an unmarried woman who applies for relief during pregnancy or after giving birth to a child is willing, when applying for assistance, to undertake to remain for a period not exceeding one year there should be power to retain her for that period, in the case of a first admission. In the case of admission for a second time, there should be power to retain for a period of two years. On third or subsequent admissions the Board should have power to retain for such period as they think fit, having considered the recommendation of the Superior or Matron of the Home. All cases whose maximum period of residence is indeterminate should be reviewed annually.

235. There is in each County Home a good deal of work, such as is done by wardsmaids, that would afford useful employment for some of the women who would be received into the special institutions. We would see no objection to such women as the Matron considers suitable being transferred to the County Home for the purpose of assisting in the work of cleaning, etc.

236. The term of detention we recommend is not an irreducible period and is not intended to be in any sense penal. It is primarily for the benefit of the woman and her child, and its duration will depend entirely on the individual necessities of each case. We are not in favour of the rigid application of fixed periods of detention ; those we have mentioned are maximum periods within which the widest discretionary power should be exercised. The object of our recommendations is to regulate control according to individual requirements, or in the more degraded cases to segregate those who have become sources of evil, danger, and expense to the community.

237. The Board of Health would, we anticipate, normally act on the advice of the Superior or Matron of each institution with regard to discharges and also with regard to the future arrangements for the child.

On the question of discharge, we have come to the conclusion that no woman should be discharged until she has satisfied the Board of Health that she will be able to provide for her child or children, either by way of paying wholly or partially for maintenance in the Home or boarding it out with respectable people approved by the Board of Health. Discretion might, however, be left to the Board of Health to allow the woman to take her discharge without taking her child or children, if they consider this desirable from the circumstances of the particular case.

It should be the duty of Superiors and Matrons to endeavour to place those fit for discharge in suitable positions outside and to see that they will not be altogether without supervision.

238. In Homes where there are infant children there should be a kindergarten or infant school.

Children.

239. The suggestion that we have made that children under school age whom it is not possible to board out should be accommodated in the Homes provided for unmarried mothers, cannot be taken as catering for the entire number of children for whom institutional accommodation may be required.

On the 31st March, 1925, the number of children in receipt of relief in County Homes and Dublin Workhouse is returned as 1,582, the number boarded out as 1,907, and the number in extern institutions as 768, or a total of 4,257.

240. The classes of children formerly met with in the workhouses were orphan, and deserted children ; legitimate and illegitimate children of workhouse inmates, including the children of widows with only one child ; children, other than orphan

and deserted children, who had been taken from their parents' control under Section 1 of the Poor Law Act of 1899; and children whose parent or parents were in prison or in hospitals or asylums.

241. Parents could not leave the workhouse without taking out their children whether legitimate or illegitimate who were with them there.

242. There was attached to many of the workhouses a boys' and girls' school. In some of the workhouses while there was separate accommodation for the boys and girls out of school hours the school was conducted as a mixed school.

243. The Unions of Limerick, Newcastle-West, Rathkeale, Croom, Kilmallock and Listowel had a joint or district school at Glin, in County Limerick, and the Unions of Navan, Kells, Dunshaughlin, Trim, and Oldcastle had a district school at Trim, in County Meath, and all children of school age from the contributory Unions were sent to these schools. The boys in Glin District School were in charge of the Christian Brothers, and Sisters of Mercy were in charge of the girls. Trim was under lay management, with Sisters of Mercy in charge of the girls. In these two schools there were about 350 children. Both are now closed.

244. Where workhouses had no schools attached to them or were not contributory to the district schools any children that were in the workhouse of school age were sent to the local National Schools. A small number of children were, in addition, boarded in Schools certified by the Local Government Board under the Pauper Children Acts.

245. In several of the Schemes, e.g., Cavan, Cork (North), Cork (West), Tipperary, N.R., Tipperary, S.R., Limerick Borough, no provision of any sort is made for the reception and care of children in institutions. In some, e.g., Clare, provision is made for infant children only, and in others, e.g., Laoighis, for the children of unmarried mothers only; but there are no general provisions covering all classes of poor children, and it is sometimes difficult to be sure what form of institutional relief is legal in each county. Notwithstanding the provisions of the Schemes, children of varying ages up to 15 years are generally to be found in the County Homes.

246. The removal of any barrier in the matter of granting Home Assistance to any person eligible for relief has no doubt had the effect of reducing the number of children in institutions, as it is now possible to give Home Assistance to able-bodied parents with children and widows with one child. We regard this change in the law as of great advantage, as we believe that where possible every means should be taken to prevent the breaking up of the home.

247. We find also that in most places advantage is being taken of the power to board out children. The allowance paid for children boarded out varies from five to seven shillings a week, with clothes or a grant for clothes. This may not be sufficient in some places to attract desirable persons to act as foster-parents.

248. We favour the continuance and extension where practicable of boarding out. This method of relief has long passed out of the experimental stage. It is particularly suited to the present circumstances of the country, inasmuch as it involves no capital expenditure. The boarded out child is normally, perhaps, not at a disadvantage compared with the children of the decent class of labourer. It cannot be too strongly emphasised that if failures or even scandals are to be avoided the homes must continue as at present to be carefully selected, and precautions taken to see that the foster parents are fit for the trust placed in them.

249. We also recommend that it be made legal to board out orphan and deserted children, in respect of whom the Board of Health have assumed parental rights under Section 1 of the Poor Law Act, 1899. The Boards should use to the fullest extent their powers under this section, and we consider they should be empowered to apply the section to the children of vagrants when they are satisfied that the accommodation provided for such children affords no sufficient protection against the weather, and that owing to the migratory habits of the parents the children are not attending school or that the surroundings in which they are living are morally bad.

250. As the law stands at present, every child except those adopted by resolution under Section 1 of the Poor Law Act, 1899, passes from the control of the Board at the age of 15 years. We consider this age too young, especially in the case of girls, who should remain under the control of the Board of Health until 18 years of age, with power by resolution in special cases to retain control until 21.

251. Some Boards of Health may find it difficult to board out children, particularly young children, either in their own area or outside, and it may be

reasonably anticipated that there will be a number of children for whom institutional accommodation must be provided.

The number of such children will not, we anticipate, be large. They will be the residue that cannot be dealt with in any of the ways we have already alluded to, that is, they are not dependent on parents or a parent who can be granted Home Assistance, or they cannot by reason of their age be kept with their mothers or in the special institutions we propose for unmarried mothers and children, or they cannot be boarded out.

252. We propose that these children who cannot be provided for in any of the ways we have mentioned be sent to the Industrial Schools and that the law be amended so as to permit of an arrangement between a Board of Health and the managers of the Schools by which children could be transferred without the formality of committal by judicial procedure. The cost of maintenance of such children would be met partly by the ratepayers and partly by the State in the same manner as that of other children in the Industrial Schools, and we see no reason for the Board of Health retaining the names of such children on their records after the transfer.

253. A number of witnesses, who were very strong supporters of boarding out as a method of relief, were opposed to any child being sent to or brought up in an institution.

In view of the nature of the evidence given by them in connection with boarding out, we invited the Managers of the Industrial Schools to appear before us, an invitation which they readily availed of. The Inspector and Assistant Inspector of Industrial Schools also gave evidence and we visited a few of the schools.

We were much impressed by the evidence on behalf of the schools, and the management of those we visited appeared to be excellent and every effort seemed to be made to fit the pupils for a life of self-dependence.

It is claimed for boarding out that the child is put in charge of people who take the place of the parents; that it enables it to join in the ordinary life of the children of the house or the neighbourhood; that, as it grows, domestic ties are formed naturally; that children so brought up have more initiative and resource than those who come to the threshold of adult life in the shelter of an institution and that later in life they have a home to return to if out of employment.

As against the boarding out, it is pointed out that whilst no one would gainsay the advantages of being brought up in a good home that the homes of foster parents are not always good; that the children are often taken for the small monetary gain; that they are frequently drudges, and if they happen to be illegitimate the stigma of their birth becomes known and they are shunned.

254. We believe there is good in both systems, that both are necessary and that neither can be justly condemned because of occasional failures. With an adequate system of national education, both primary and technical, the boarded out child can be brought up well and at small cost, but whatever may be the drawbacks of institutional life education can be more easily carried on and a more careful supervision exercised than is ordinarily possible at home. We therefore recommend that both systems be utilised.

255. In visiting the Industrial Schools we were informed that it is sometimes a matter of difficulty to place boys on discharge from the Schools in the way of becoming fully qualified tradesmen.

We think an effective means should exist of enabling every boy who shows aptitude in a particular trade and who wishes to take it up as a means of livelihood with the approval of the authorities to be apprenticed on discharge from the School, and provision should be made for his maintenance during the period of apprenticeship.

Affiliation Orders.

256. In addition to the measures we have outlined it is, we consider, desirable that the law should be strengthened in the direction of prevention by the introduction of affiliation orders and by the amendment of the laws relating to sexual offences. By an affiliation order is to be understood an order made by a Court

adjudging a man to be the putative father of an illegitimate child and making conditions for the payment by such putative father of sums in respect of the maintenance and education, etc., of the child.

We share the view placed before us that at present the law gives the man every loophole for escape from the shame and dishonour that is cast upon the woman and that the time is ripe for an amendment of the law.

257. The Guardians of a Union were empowered by the Act, 26 and 27 Vic., cap. 21, to recover from the putative father the cost of maintenance of any illegitimate child while under 14 years of age who had become a charge on the rates. The proceedings for recovery were by a civil bill at Quarter Sessions or in the Civil Bill Court, as in the case of recovery of a debt. A decree could not be given unless the mother was examined and her evidence corroborated. The putative father could stop proceedings by the payment of the amount claimed for the child's maintenance with costs before the hearing.

This Act gave no personal redress to the woman and only became operative when the child became a charge on the rates.

The only redress that the woman could obtain was in an indirect manner through her parent, guardian or employer instituting a civil action for seduction based on loss of service, a costly proceeding which obviously would only be worth taking where the putative father has means that could be made available.

258. We recommend that the District Court be given power to make an Affiliation Order on the application of the mother and that the Board of Health be also given power to apply for an Order if the mother and child is in receipt of public assistance.

All cases of this character should, we think if possible be tried in a special court by the District Justice without the presence of the press or public. When the mother is young and friendless the District Justice should have power to arrange for a suitable woman to accompany her to court and remain with her whilst she gives evidence.

Sexual Offences.

259. The mothers of first-born illegitimate children when they seek relief are commonly between 17 and 21 years of age. We have met exceptional cases where the ages were as low as 14 and 15 and as high as 35 and 40.

A number of statutes have been passed from time to time dealing with what is known as the age of consent. As the law stands at present it is a criminal offence to have carnal knowledge of a girl under 16 years of age, with or without consent, but the Criminal Law Amendment Act of 1885, while enacting the above, also provided that it was sufficient defence that the person charged had reasonable cause to believe that the girl was above the age of 16 years, and it also provided that no prosecution for the offence could be commenced more than three months after the commission of the offence, a period which was subsequently extended to six months by the Prevention of Cruelty to Children Act, 1904.

It would seem to us that the age of 16 is entirely too young for many girls to have full knowledge of and realise the consequence of an act that may be brought about by thoughtlessness and the seductive pleadings of the male partner in guilt, and as the object of the law was no doubt to fix the age at which in most cases it was likely that consent would not be given without full knowledge and realisation of all the consequences, we submit that the age should at least be raised to 18, if not 19.

260. From the point of view of prevention we see no reason for allowing the man to plead reasonable belief that the girl was of legal age to give consent. We believe that the act of bringing a girl to shame either with or without her consent is one that should not be condoned on the ground of a belief of her being of legal age to give consent, and that if brought about the law should be such as to prevent its being lightly passed over.

261. We would suggest that for the hearing of these cases the juries should, if possible, be composed of an equal number of men and women jurors, and proceedings should not be open to the public or reported in the public press, although full transcript notes should be taken and preserved as court records.

262. We suggest also that the period within which prosecution may be commenced should be any time within ten months of the commission of the offence.

263. The law in regard to soliciting is also one that we believe should operate evenly against both sexes.

At present the prostitute on the street can be charged with this offence, but there is no similar law to admit of a charge of like nature being made against a man who accosts women in the street. We see no reason why the law should press more heavily on the woman in this matter than on the man.

Illegitimacy.

264. Besides the children of unmarried mothers who have actually become a charge on the rates, we have to consider the children of single women who are not, at the time of the birth of the child, a charge on the rates, though they may become so afterwards.

The number of illegitimate births maintains a fairly constant ratio to the total births, as will be seen from the table we publish in the Appendix.

There is a slight upward tendency in the last ten years in the proportion of illegitimate births, but we have no reason to believe or fear that the evil is one that is likely to increase. Our belief is that with returning stability of Government and the gradual tightening of the reins of discipline, both governmental and parental, that we may look forward to a decrease in the number of these births.

The highest percentage was in 1920, when it was 2.71 of the total births, and the lowest was in 1908, when it was 1.98. In 1925, the last year for which we have figures, it was 2.68. The maximum increase is not more than .73 per cent.

The total number of illegitimate births in 1925 was 1,662. Of this number, roughly speaking, about 1,000 were born in Workhouses or County Homes. A large proportion of the remainder were born in the different Maternity Hospitals and in private Maternity Homes.

265. We received evidence from one of the workers of the Catholic Aid Society of Liverpool that a number of expectant unmarried mothers migrate from Ireland to England. Some of these girls go to the workhouses, and, unless they are looked after on discharge by charitable societies, they drift into undesirable associations in common lodging houses and elsewhere.

We are not prepared to put forward any scheme for repatriation through official agencies of women who having migrated in such circumstance become public charges in Great Britain, but we hope that with the better organisation here of the machinery for dealing with expectant unmarried mothers, which we have recommended, that the number who will feel impelled to cross to Great Britain will be reduced.

Regulation of Maternity Homes.

266. It would seem from the evidence given before us that in the City of Dublin there are a number of poor class Maternity Homes from which children are placed out to nurse.

We are of opinion that all private Maternity Homes should be licensed annually by the local authority, and that no license be granted unless the Home is properly and suitably equipped for the purpose, and that it was in charge of a respectable person trained in maternity care and nursing.

267. From the Registrar-General's Report for 1924, it appears that one in every three illegitimate children born alive in 1924 died within a year of its birth, and that the mortality amongst these children is about five times as great as in other cases.

268. It is high for many reasons, but there is one to which we wish specially to refer. The illegitimate child, being the proof of the mother's shame is, in most cases, sought to be hidden at all costs. What frequently happens is that the mother, or the mother's family, at the time the mother leaves the hospital or Home, make arrangements with some one to take the child, either paying a lump sum down or undertaking to pay something from time to time.

These arrangements are often made or connived at by those who carry on the poorer class of maternity homes, and the results to the child can be read in the mortality rates.

If a lump sum is paid or if the periodical payment lapse, the child becomes an encumbrance on the foster mother, who has no interest in keeping it alive.

269. We concur in the view expressed by Miss Macnaghten, on behalf of a

group of former Guardians of the Poor of Dublin Union, that Part 1 of the Children Act, 1908, dealing with Infant Life Protection, should be amended.

The provisions of this Act, whilst no doubt, to some extent bringing "baby farming" under control, do not, in our opinion go far enough, inasmuch as the child is allowed to be placed out at nurse before the notice is given to the Local Authority, and there is not sufficient power to prevent people who are not fit to look after a child being given the care of it.

270. We think that it should be made illegal for anyone or any benevolent organisation to accept the fosterage either for reward or without reward of an illegitimate child or children without first having obtained a licence from the Board of Health that they may do so. The licence should state the address for which granted and the number of children that may be taken. A register should be kept of all licences issued with full particulars of accommodation and numbers for which premises are licensed and a record should also be kept of the names of each child at fosterage on that premises. It should be the duty of the foster parent or in the case of a benevolent institution of the manager to furnish all information necessary to the Board of Health whose officers should inspect all such homes or institutions. If children other than those notified to the Board of Health as fosterage children are found in licensed homes, the licensee should be liable to a penalty.

Foster parents once having taken a child should be obliged to report to the Board of Health the death or removal from their care of such foster child, and once every three months should report on the condition of all foster children for whom they are responsible.

A State Children Department.

271. The establishment of a State Department dealing entirely with children was advocated by some witnesses. This Department would be a central child welfare authority charged with the care and supervision not only of illegitimate children and adopted and nurse children, but also of delinquent children, trading children, mentally defective and epileptic children. The new authority would administer the acts relating to infant life protection and child welfare; it would licence maternity homes and supervise homes for nursing and expectant mothers and for children.

272. The multiplication of separate central departments of government is admittedly undesirable, and we are not satisfied that such a department is necessary. Some witnesses whilst advocating the creation of a State Children Department saw no objection to the department being brought under the Minister for Local Government and Public Health. This would involve no more than the creation of a distinct branch or section of the existing department and the transfer to the Minister for Local Government of functions in connection with children at present exercised by the Minister for Justice and the Minister for Education.

273. We are not convinced that the interests of the children would be better served by a single "mixed" authority exercising a number of unrelated duties than by the several departments amongst which these duties are at present distributed. At present, for instance, Reformatory and Industrial Schools come within the province of the Department of Education, which by reason of the experience and expert knowledge at its disposal, is the Department that can best exercise supervision over the education of children in these schools. We see no advantage in divorcing the supervision of mentally defective children from the authority which administers the acts relating to mental disorder, but on the contrary, we see danger of confusion and overlapping.

CHAPTER VII.

The Local Authority.

274. We have earlier in this Report given an account of the circumstances in which Boards of Guardians were abolished outside Dublin and their functions transferred to new authorities appointed by the County Councils and the County-Borough Councils from amongst their members.

The new authority is styled the Board of Health and Public Assistance except in Limerick County Borough, where it is called the County Borough Board of Health, and in districts adjoining a county borough and situate in a county to which a joint scheme for the county and county borough relates. There are two such joint schemes : Waterford and South Cork. In these areas the joint bodies are styled Boards of Public Assistance.

275. A Board of Health and Public Assistance consists of ten members. It meets once a month or oftener if the business to be transacted requires. In Waterford the Board of Public Assistance consists of 17 members, 10 elected by the Waterford County Council and 7 by the Waterford Corporation. In South Cork District the Board of Public Assistance consists of 15 members, 10 elected by the Cork County Council and 5 by the Cork Corporation. There are altogether 29 authorites, functioning under the County Schemes with a total membership of 302 persons.

276. In few counties was the number of Guardians formerly less than 150, in several it was considerably in excess of that number, and in some exceeded 400. It will be seen that the enlargement of the administrative area and the consequent reduction in the number of separate local poor law authorities have been accompanied by a drastic reduction in the number of elected representatives concerned in the administration of poor relief.

277. From the point of view of the orderly procedure of meetings and the expeditious transaction of business the change is a good one. The functions of a body dealing with the relief of the poor are not, however, entirely confined to the work of the board-room. The Guardians were drawn from all parts of the Union and were supposed to possess or be able to obtain personal knowledge without much inconvenience of the condition of the poor in the areas they represented and they would naturally be easily accessible to those in need of relief.

A body of ten members is not likely, we think, to have this personal knowledge except as regards the particular districts the members come from, and they will, therefore, have to rely almost wholly on the information supplied to them by their paid officers. By reason of their numbers they cannot be as easily accessible to the poor.

278. We are not unmindful of the fact that, under the law that now regulates the administration of Public Assistance, the appointment of committees is permitted, and these committees may be composed either entirely of members of the Board, or partly of such members and partly of outside persons, and that with such committees in existence the Board would be able to keep in close touch with all parts of their district. Except, however, with the special sanction of the Minister, these committees act only through the Board, and while in some places, where there are active voluntary philanthropic organisations in being, individual members of these organisations might get appointed, we are not hopeful of sustained effort on the part of committees in most of the rural areas. The work will in the main fall to be discharged by members of the Boards and their paid staff.

279. There was evidence that the Boards find the work imposed on them too heavy.

Mr. John Kiersey, Chairman of the Waterford County Council, states :

"As a member of the Board of Public Assistance I say that under the present rules and regulations it is almost impossible to carry on the duties."

Mr. M. J. Hassett, Secretary of the Limerick County Board of Health, says :

" It is difficult for the Board to get through all their business."

Mr. E. Kelly, Chairman of the Monaghan County Board of Health, says :

" We find we are not able to carry out duties without reverting to the system of district committees. I would be in favour of asking these district

committees to do the same work as the old District Councils and the Boards of Guardians."

Mr. Michael Flynn, Secretary of the Waterford County Board of Public Assistance, says :

"The Board are always complaining of work. The meetings sometimes take a very long time, up to five or six hours."

Mr. P. C. O'Mahony, Secretary of the County Kerry Board of Health, is of opinion that :

"No elected body could adequately deal with the volume of business of a Board of Health and avoid chaos."

Mr. J. Gallagher, Secretary to the Galway County Board of Health, says :

"The members of the Board of Health are members of the County Council The County Council hold eight meetings in the year, ordinary meetings. They are also members of the Finance Committee, which meet weekly. The Board of Health meet twelve times a year. They are also members of the Homes Committee, which also meet twelve times a year. Some are members of the Mental Hospital Committee and the Agricultural and Technical Instruction Committee. They are no sooner finished with one meeting than they are back for another. Some have to come in 50 miles. They cannot be expected to attend all these meetings. Eventually they will get tired and the whole thing will fall through."

Mr. D. L. O'Gorman, T.D., Chairman of the Cork County Council, was of opinion that a body of ten was too small for the work the Board of Health had to do, and advocated a reversion to the system of direct election.

Dr. P. O'Daly, a member of the Mayo County Board of Health, in answer to a question whether the Board of Health are able to get through their work, stated :

"I think they are not .... The meeting starts at 10 or 11 o'clock. You are in the place until 3 or 4 o'clock, and you get fagged. The important work comes on at 8 or 9 o'clock in the night."

This witness was of opinion that the Board would not be able to get through all the work as it ought even when using their powers of delegation to Committees, and his proposal was to create smaller administrative areas or alternatively give more extensive financial and executive powers to committees.

280. There was, however, some evidence to the contrary effect.

Mr. John McCormack, Vice-Chairman of the Limerick County Board of Health, was of opinion that the present administrative machinery was adequate. It appears that in Limerick County a scheme to distribute the work amongst several committees has been put forward for sanction.

Mr. C. M. Byrne, Chairman of the Wicklow County Board of Health, was also examined on this point. The following is an extract from his evidence :—

Q.—"It has been put to us that Boards of Health are so overburdened that they cannot get through their work. Is that your experience ?"

A.—"No, that is not mine. We have succeeded in doing our business always in one day except on the last day, and that was because three deputations came without previous notification to us. They took up a lot of time, and as a result of their coming, we did not finish all the business ; but we did all the principal business. On my suggestion the Board decided that we would not receive any more deputations without notice, and that, in future, they would have to notify the Clerk betorehand and we would fix a date for them. I was Chairman of Rathdrum District Council, which takes in half of the County, and I say that the additional work we got as the result of the abolition of the Council is not really very much. In the old days we would spend most of the day doing the work of the Board of Guardians and then towards the end of the evening we would rush through the District Council Work. In latter years we had little else to do in the District Council than looking after the labourers' cottages."

281. It is, we have no doubt, possible for a conscientious Board, under a capable and business-like Chairman, and with the help of committees, to work the administrative machine efficiently and without unfairly taxing the time of the members,

but we are inclined to the view that in actual practice the Boards are not able for one reason or another to exercise the supervision which their institutions, officers, and services require.

The abolition of the Board of Health and Public Assistance.

282. We are unable to formulate any plan which by merely altering the constitution or methods of procedure of the Board would be calculated to lead to more efficient administration, and we are inclined to the view that the work of the Board of Health (we are restricted by our terms of reference to its duties as Poor Law authority) would be better performed by a paid whole-time official working under the control of the County Council.

283. This would mean the abolition of the Board of Health, so far as Public Assistance is concerned. It has already been recognised by the Oireachtas that a measure on somewhat similar lines might at some time be necessary as under section 73 of the Local Government Act, 1925, it is enacted as follows :—

(1) A County or Borough Council may, with the consent of the Minister, delegate to such person or persons as the Minister shall, from time to time, appoint for the purpose all or any of the powers, duties, and functions (including all or any of the powers, duties and functions of a Board of Health) and such powers, duties, and functions shall thereupon be exercised and performed by such person or persons until the holding of the next triennial election of County Councillors.

(2) The remuneration of any person appointed under this section shall be paid as part of the general expenses of such Council.

It will be observed that the effect of section 73, if ever put in operation, would be to give to a paid officer or officers all the powers and duties of the Board of Health in so far as they were delegated ; this paid officer would be entirely independent of the County Council ; and the maximum term of his appointment would not extend beyond three years.

Our proposal differs somewhat from this as we recommend the abolition of the Board of Health and the assumption by the County Council itself of the control of Poor Relief working through a paid official whom they would place in entire charge of the poor law services of the county in the same manner as a general manager of a company under the control of a board of directors. By this means the control of the County Council over finance would be retained, but the administration and responsibility for the good management of the institutions and the care of the poor in the area would be placed in the hands of a paid official.

284. At present it cannot be said that there is any one officer in effective general control of all the officials of the Board of Health. Under the statutory orders the Secretary of the Board is the supervising officer ; but in practice he does not exercise that complete supervision over the whole administration which is essential to good management. This duty of supervision of all officers including medical officers, would be one of the most important functions of this new officer who having the responsibility should be given power to see that discipline is maintained and abuses remedied promptly.

285. If such an officer as we contemplate were appointed, the Secretary of the Board of Health would be relieved of his present duties of supervision, and it would probably be possible in many of the counties to dispense with the post of a Superintendent Assistance Officer.

286. It may be objected that under such a scheme the County Council might so reduce the money available for poor law services as to render their proper administration impossible, but it must be remembered that the County Council would be under a statutory obligation to provide for the relief of the poor in its area and we do not suggest the curtailing of the power of the Minister to see that this duty is duly and effectually discharged.

287. In joint districts some modification of this proposal would be necessary and a joint committee of the councils concerned would have to be set up to whom the executive officer would be responsible and this body would have to frame an estimate each year and make a demand on the Councils for their share.

We believe that under a scheme of administration such as we have outlined it would be possible and desirable for the Central Authority to allow the County Councils a very much freer hand than is allowed to Boards of Health and that supervision could, and should, be largely exercised by means of inspection and audit.

Social Services outside the Poor Law.

288. We cannot close this part of our report without some reference to services outside the Poor Law, some of which are administered by the Boards of Health. These services are social services relating to the health of the nation either of a curative or preventive nature, and although not strictly within the terms of our reference they deserve mention inasmuch as good health among the working classes is seldom accompanied by acute poverty whereas bad health may be always said to have poverty as a companion.

289. We have in an earlier chapter given an account of the measures adopted for the prevention and treatment of tuberculosis, a prevalent cause of ill-health. Since the 1st of October, 1925, the County Boards of Health have exercised the powers and duties of the abolished Tuberculosis Committees and now administer the tuberculosis schemes.

These schemes include among other things the appointment of a medical tuberculosis officer, the establishment of local sanatoria and the setting up of tuberculosis dispensaries. Approved Schemes have been adopted in twenty-two counties and in the County Boroughs of Dublin and Waterford. Partial Schemes are in operation in Meath and Wicklow Counties. In the counties of Cork, Longford, and Roscommon, and in the County Boroughs of Cork and Limerick, schemes are not yet in operation. Cork County and County Borough, however, maintain a sanatorium at Doneraile. The expenditure out of the rates for these schemes amounted in the year 1924–25 to £68,820. In addition, the Sanatorium Benefit Funds available under the Insurance Acts exceed £26,000. The Government Grant equivalent to half the net expenditure out of the rates was £34,410. The number of patients treated was 10,131.

It is satisfactory to note that the efforts to cope with this very insidious disease appear to be bearing fruit as the mortality returns would seem to indicate that there is a decline in the death rate.

290. Under the Births Notification Acts, Local Authorities are empowered to administer, either themselves or through voluntary agencies, Maternity and Child Welfare Schemes. Twenty-four Local Authorities, mostly of Urban areas, administer schemes themselves and 93 schemes are administered through voluntary agencies. The schemes aim at the care of the mother and child before and after birth and the instruction of the mother. In necessitous cases food can be provided. The expenditure out of the rates for this work was in the year 1924–25, £10,369, of which one-half was recouped by a Government Grant. The grant to voluntary agencies for defraying 50 per cent. of the cost of approved services by such agencies was £9,073 in the same year.

291. Other important measures of a preventive nature which Local Authorities can adopt are the provision of school meals for and the medical inspection of school children. Under the Education (Provision of Meals) Acts, arrangements can be made by Urban District Councils to provide under certain circumstances meals for children attending school. The State contributes one-half the amount actually expended from the rates for this purpose.

The power under the Acts has not been very freely availed of as in only 16 urban areas were arrangements for providing meals for children made in the year 1924-25. The cost to the rates was £12,316. Half the net expenditure on the provision of food was recouped by a government grant which was £4,956.

Medical inspection of school children is carried out only in one or two areas; but there is more evidence of interest being shown in the matter recently. The expenditure out of the rates was £1,203 in 1925-26, of which half was recouped by a government grant.

Much debility of adult life can be traced to malnutrition and neglected diseases in childhood, and on the principle that prevention is better than cure we strongly urge local authorities to make the fullest use possible of the powers they have in regard to these matters.

292. A point which seems to us worthy of consideration is the want of facility in many of the National Schools for the drying of children's clothes. A number of the childern come some distance to school wet and fine and the percentage of wet days is not small. Many of the children arrive at school wet and sit all day in wet boots and stockings and put on their overcoats at least such as have them, again in the evening, wet and cold, and in our opinion sow the seeds of much of the lung trouble and rheumatism which affects a number of them in after life.

293. So much has been written and said at different times about the housing

conditions of the poor in the small towns and urban areas that reference to the matter, particularly as it only comes before us indirectly, would seem superfluous. We feel bound, however, to state that bad housing must inevitably lead to bad health and also to a general lowering of the moral outlook of those who have to endure the evil, and inasmuch as it conduces to both these conditions it is a fruitful source of poverty. We are not unmindful of the generous assistance given by the State in recent years with a view to encourage the building of houses and we feel sure that this very important matter will receive the care and attention that it deserves.

CHAPTER VIII.

FINANCE.

The Poor Rate.

294. The expenditure on the relief of the poor is met out of the poor rate and Government grants.

295. The poor rate was originally levied solely for the relief of the poor, but in course of time the cost of other services not directly connected with poor relief was defrayed out of it. Until the changes effected by the Local Government Act of 1898, it was levied by the Guardians and collected by their officers.

Under the Act of 1898 the newly-created County Councils were given control of county finances and were required to supply the Guardians with the money they needed to meet their expenses. The poor rate then became the source from which not only the expenses of poor relief but all county and all rural district charges were defrayed.

296. Another important change made by the Local Government Act of 1898 was the abolition of rating by electoral divisions. Under the Poor Relief Act of 1838 expenses were chargeable either separately to an electoral division or divisions or to the Union-at-large. Expenses chargeable to the Union-at-large were apportioned amongst the electoral divisions according to their net annual rateable value. Under the Act of 1898 the expenses of the Guardians became a charge on the Union-at-large and remained so until County Schemes provided for raising the expenses of poor relief as a county-at-large charge or, where the county was divided into districts, a county district charge.

297. The extension of the area of charge has had a most beneficial effect in lightening the burden of taxation on some of the poorest areas. It will be seen from the Summary Table of Expenditure printed in the Appendix that in the old Union areas of Millstreet, Bantry, Castletown, and Skull in County Cork, Clifden and Oughterard in County Galway, Belmullet in County Mayo, Glenties in Tirconaill, and Dingle in County Kerry, the expenditure in the financial year 1924-25 represents a lower poundage on valuation than that in the financial year 1913-14. This satisfactory result is arrived at notwithstanding an actual increase in expenditure.

298. It will be observed from the Table referred to that in Limerick County Borough the expenditure is equivalent to a poundage of 8*s*. 9*d*. on the valuation. As the Table shows, this is the highest rate and altogether exceptional. In connection with it we should refer to our earlier observations on the Limerick Schemes (Paras. 130-132).

The old Limerick Union comprised the City of Limerick and the two rural districts adjacent to the city in the counties of Limerick and Clare. Under the Schemes the City has become a separate area, Limerick No. 1 Rural District being joined to County Limerick, and Limerick No. 2 Rural District going to County Clare. Limerick City is the only instance in which the area of administration, and consequently the area of charge, is smaller than the old Union area. This isolation of the city for Poor Law purposes has had disastrous results for the city ratepayers without any very appreciable gain to the rural areas.

The rate to meet the expenditure in the old Limerick Union in 1901-2 would have been 2*s*. 10½*d*., and 1913-14, 3*s*. 0¼*d*. In the confined area of the Borough the expenditure for the year 1924-25 represents a poundage of 8*s*. 9*d*. on the valuation, an increase of 5*s*. 10¾*d*., compared with 1901-2, and 5*s*. 8¾*d*. compared with 1913-14. The portion of the County Clare that was formerly in Limerick Union would require an assessment of 5*s*. 3*d*. and the rural portion of County Limerick an assessment of 3*s*. 7*d*. to meet the expenditure of 1924-25 of their respective Boards of Health and Public Assistance for Poor Law purposes.

It would seem to us that if the County and City of Limerick had a joint Scheme (Paras. 130-132) that no very serious injustice would be done to the ratepayers of the county. Economies could, no doubt, be effected under a joint administration, but even if the expenditure was not reduced, the rate over the entire area, based on the expenditure of 1924-25, would be 4*s*. 4*d*. instead of 3*s*. 7*d*. in the County; an increase of 9*d*. in the County and a reduction of 4*s*. 5*d*. in the City.

Expenditure for Poor Law purposes.

299. The total expenditure by Poor Law authorities in 1924-1925 was £1,521,090, or an increase of 43 per cent. on the expenditure in 1913-14, which amounted to £1,063,567. The cost of living index figures in 1924 were : April, 178 ; July, 183 ; October, 193 ; and in January, 1925, 195 ; taking as a basis the index figure 100 for July, 1914. The index numbers for food alone were somewhat higher than the general figure. The increase in poor relief expenditure was, therefore, less than the change in the value of money would warrant, assuming the same or equivalent services had been provided in each of the years mentioned. Although the number of separate institutions has been reduced the number of persons in receipt of relief has not undergone marked diminution in the period mentioned. On the 1st October, 1913, there were 43,680 persons in receipt of relief, the corresponding figure on the 31st March, 1925, being 41,670, or a reduction of 2,010 or 4.6 per cent.

300. It could be argued with some confidence that taken in the aggregate the burden on the ratepayers arising from poor relief expenses has not been increased by reason of the change from union to county administration.

301. We are not sure, however, that it is a ground for satisfaction that the numbers relieved in 1925 are less than in 1913, as it is questionable whether this reduction can be attributed to a diminution of persons whose circumstances would entitle them to relief.

It is not possible, owing to the absence of satisfactory statistical criteria, to submit comparative figures of unemployment for the years 1913-14 and 1924-25, but we know that the year 1924-25 followed two of the worst years for agriculture for a very long period, and that anything that depresses our chief industry would probably increase unemployment and swell the volume of destitution. The Oireachtas recognising the serious position in the year 1924-25, legislated so as to permit County Councils if they so desired to abate the amount of rates required to be raised off agricultural land to the extent of two-thirds, and to borrow for the purpose of giving this relief to the rural community. In the following year the relief to the occupiers of agricultural land took the form of doubling the agricultural grant.

It might have been expected that in a year of acute agricultural depression the numbers receiving relief would be high. It seems, therefore, strange that comparing the numbers with those of October, 1913, when there was no exceptional distress the numbers receiving relief should actually be less.

From what we have seen and heard on our visits to the different institutions we are inclined to the belief that the reduction in numbers was due to the fact that the poor were not accustomed to the new order of things and old people, especially, preferred to endure privation outside rather than resort to central institutions. In one County Home, we were told, admission had to be refused owing to the want of accommodation.

302. It would, we think, be unsafe to predict that the expenditure will not go higher.

The Government Grants.

303. The second source from which funds for poor relief come is the Government grants which are paid from the Local Taxation Account. There are three of these grants : the Licence Duties Grant, the Estate Duty Grant, and the Agricultural Grant, the last mentioned being by far the largest and most important.

304. The Licence Duties Grant, so far as it relates to Poor Law services, is for the following purposes :—one-half the salaries of medical officers of the County Homes, County or District Hospitals (or the Workhouses in Dublin) and Dispensaries ; one-half the salaries of trained nurses in the institutions mentioned ; the whole of the salaries of schoolmasters or schoolmistresses ; one-half the cost of medicines and medical and surgical appliances ; one-half of the salaries of temporary substitutes for medical officers or trained nurses on vacation. By the Local Government Act of 1902 the total to be recouped in any year was limited to the amount actually paid in the year 1901-2. If the income assigned under section 58 of the Local Government Act, 1898, is not sufficient to meet the charges in any year the grants are proportionately abated.

305. The share of the Estate Duty Grant payable on behalf of the Board of Health is distributed in proportion to the sums expended in each Union during

the year ended 29th September, 1887, on the salaries, remuneration, and superannuation allowances of Union Officers.

306. The Agricultural Grant was originally £599,011, and represented one-half of the rates levied in respect of agricultural land outside boroughs and urban districts in the year 1896-7. The Local Government (Rates on Agricultural Land) Act, 1925, provided for an increase of the Grant. A supplementary sum of £599,011 has been voted for the year 1926-27. The Grant has, therefor, been doubled in the year mentioned.

307. The payments made out of the Local Taxation Account in respect of the year 1924-25, so far as they were applicable to poor relief expenditure, were as follows :—Licence Duties Grant, £59,174; Estate Duty Grant, £16,162; Agricultural Grant, £281,810.

308. The allocation of the grants continues to be made on the basis laid down when the grant was first authorised, the Estate Duty Grant in 1888, the Agricultural Grant in 1898, and the Licence Duties Grant in 1898 and 1902. These grants have been criticised on the ground that assistance is not given in proportion to the needs of the different districts and the poorest parts of the country get the least assistance. As already pointed out the inequalities of rating for Poor Law purposes between one district and another within a county have been removed. But we have still the inequalities which arise between counties.

309. In the Appendix will be found a Table showing for each county the valuation, per head of population, the total grants applicable to poor relief expenditure and the grants per head. The figures in this Table for the Estate Duty Grant show the amount of grant prior to deductions on account of the Land Purchase Guarantee Fund.

If we take the valuation per head as in some measure an index to the ability to bear the burden of expenditure, it will be seen that as a rule the better able a county is to raise a rate the greater the assistance it receives.

310. The whole method by which the State assists local authorities has become singularly complicated. It scarcely comes within our province to discuss the system of assigned revenues and whether this system devised over a generation ago could not now be much simplified with advantage both to the State and the Local Authorities. The present basis of allocation is out-of-date and should be reviewed in the light of existing needs, but it is obvious that any examination of the subject should extend not merely to the question of re-allocation but to the method of providing funds. In our opinion re-allocation, unless accompanied by an increase of the grants is bound to raise considerable opposition.

311. For some time, owing to the operation of the Guarantee Fund established in connection with land purchase in 1891, the issue of the Estate Duty Grant to local authorites has been uncertain. This Grant forms the first item of the cash portion of the Guarantee Fund, and in consequence of the large arrears of land purchase annuities in the past few years considerable draws had to be made on the Fund, so that only a proportion of the Grant has so far been issued for these years.

The ratepayer has to bear the loss so far as the Guarantee Fund makes up the deficiencies caused by the non-payment of tenant purchasers' annuities.

It may be noted that deductions are not made from the whole grant, but from the share which would otherwise go to the county in which the holding of the defaulter is situate. Each county suffers, therefore, the loss arising from default of tenant-purchasers in that county.

312. Some witnesses expressed the view that it was unfair that the County Councils should be at a loss by reason of the operation of the Guarantee Fund when they had no power to compel defaulters to pay their annuities. We sympathise with this view and are of opinion that the law should be altered.

Disqualification of Old Age Pensioners.

313. An old age penisoner is disqualified from receiving his pension while he is an inmate of a County Home or Workhouse. The pension is withdrawn when he enters and cannot be restored until he leaves and makes a fresh applicaton for pension. If the pensioner is in receipt of medical relief in a County, District or Workhouse Hospital, the pension is withdrawn at the expiration of three months from the date of admission.

A number of witnesses pressed on us the view that it was not equitable to throw on the ratepayer a burden that would be largely borne by the taxpayer if the pensioner remained outside.

314. We have had prepared a statement, which will be found in the Appendix, showing the number of inmates over 70 years of age of County Homes and Workhouses, who were not in receipt of old age pensions. The total number of such inmates on the 27th March, 1926, was 2,113. On the assumption that they would all be entitled, if not in institutions to the maximum pension, it means that the taxpayer is relieved of a yearly expenditure of almost £50,000 at the expense of the ratepayer, apart from the reduction of the charge for Old Age Pensions by reason of disqualification on account of medical relief.

315. We think that pensions should be made applicable to the maintenance of pensioners who enter Poor Law institutions.

Provision and equipment of Institutions.

316. A question of prime importance in the future will be the provision and proper equipment of institutions.

There are few counties, as may be inferred from our review in Chapter III. of the existing position, where a considerable expenditure will not be required either to provide and equip Hospitals, or provide, reconstruct and equip Homes for one or other of the classes who must be relieved in institutions.

317. If the entire or a considerable portion of the burden is thrown on the ratepayers, we fear that the provision of the necessary institutions and their proper equipment will be a very slow process.

318. The relief of the poor is a social service of a national character, and it is only equitable that the State should give substantial aid in its administration. We suggest, therefore, that such aid should take the form (1) of a free grant of a portion of the capital sums required to bring the institutions up to a minimum standard, and (2) of advancing the balance on long term loans at a low rate of interest.

319. We think the amount of the grant ought to be governed by two factors : population as showing to some extent the necessities, and valuation as showing ability to pay. The valuation per head of population might be taken as an index. The proportion of free grant to the lowest valuation per head might be first decided on, and as the valuation increased the amount would be decreased.

Forms and Accounts.

320. It has been suggested that the forms and books prescribed by the County Boards of Health Order, 1924, admit of simplification and reduction and are wanting in the principles of true accountancy.

We have studied the Order and, whilst the subject is largely one for technical examination, it appears to us that generally the forms and books of account prescribed are suitable, and if properly kept are calculated to give a true and accurate statement so far as is practicable and necessary of the financial transactions of the Board of Health, and that the statement of balances drawn up from these accounts would seem sufficiently full to disclose the financial position at the end of each half-year.

The Order was issued whilst the local administration of the Poor Law was in transition, a state out of which it has not yet emerged. The forms and accounts follow largely those that were in use in the Unions, and the Secretary of the Department of Local Government and Public Health points out in his evidence that it was difficult at the time the Order was drawn up to see clearly the settled principles that were to develop, and that it may be possible when the organisation of poor relief assumes its permanent form to produce shorter accounts.

We are satisfied that the question of reduction and simplification of forms will receive full and careful consideration from the Department as soon as the lines of future Poor Law policy are definitely settled.

Chargeability.

321. We are instructed by our terms of reference to inquire into the law relating to chargeability. We have received evidence on this question both as regards persons in receipt of relief under the Poor Law and persons maintained in mental hospitals. We shall submit our observations on the law as affecting both these classes in Part II. of our Report. (Paras. 502-510).

CHAPTER IX.

THE POOR LAW IN RELATION TO CHARITABLE ORGANISATIONS.

322. The system of poor relief at the public expense which we have described in the preceding Chapters is supplemented by the work of private charity carried on by religious communities, benevolent societies, hospitals, endowed and voluntary charities, relief societies, nursing associations, etc. The operations of charitable societies cover a very wide field and, to a considerable extent, relieve the ratepayer and taxpayer of financial burdens they could not otherwise escape. Under charitable administration we have hospitals, almshouses, homes for the incurable and dying, orphanages, schools, rescue homes, night refuges, labour yards, institutions for training the blind, the deaf and dumb, and mentally deficient, and relief societies and nursing orders and associations that visit the poor and the sick in their homes. To a limited extent the institutions of private charity are utilised by the public assistance authority, but for the most part public and private charity function independently of each other.

323. In the early years of the Poor Law it was recognised that for special classes, such as the blind and deaf and dumb, the Guardians should have power to utilise the institutions established by voluntary associations, and since 1843 any destitute poor deaf and dumb or blind child under 18 could be sent to and maintained in an approved institution. In 1862 the use of extern hospitals for persons in the workhouse requiring special medical or surgical treatment was authorised. In 1878 the Poor Afflicted Persons Relief Act gave the Guardians power to send blind and deaf and dumb cases over 18 years of age, and also idiots and imbeciles, to special institutions ; but the statute limited the amount to be paid in respect of each case to 5s. weekly. This maximum is now in effect abolished by the provisions of the Schemes.

324. It has been represented to us on behalf of the Committee of the Catholic Institution for the Deaf and Dumb at Cabra, that some of the Boards of Health are inclined to take a narrow view of their powers in regard to the deaf-mute child of parents who, although not destitute, are unable to pay for the child's training. We think it should be made clear that the Board can join with the parents in such cases in defraying the cost of education in the same manner as they can assist poor parents to obtain medical and surgical treatment for their children.

325. The powers of the Board of Health in respect of the maintenance of cases in extern institutions are not less than those of the Guardians. Under article 15 (iii) of each Scheme persons eligible for relief can be sent to approved institutions not provided under the Schemes, and all the Boards of Health avail of this power.

326. But apart from this, the extent to which the Poor Law authority comes into relation with charitable organisations and voluntary effort is very limited, and it might be said that co-operation is the exception rather than the rule.

327. There are in the Saorstát according to the latest returns available, 113 charitable institutions for the *permanent residence* of the aged and infirm, the sick and the distressed. These institutions accommodate probably between four and five thousand persons. They range in size from widows almshouses with half-a-dozen inmates to institutions such as St. Patrick's House, Dublin, conducted by the Little Sisters of the Poor, with over 300 old people of both sexes. Of the 113 institutions, 66 are in the four county boroughs (Dublin 33, Cork 9, Limerick 8, Waterford 16).

The Relief Societies.

328. Running on parallel lines to the Home Assistance of the Poor Law is the work of the relief societies. These societies are mostly urban and reach the greatest development in Dublin. The oldest in Dublin is the Sick and Indigent Roomkeepers' Society, which gives temporary relief in money. Relief is given on the report of the Society's visitors. It must be remembered that public relief cannot be given to purchase tools or redeem tools from pawn or to supply the means of earning a livelihood, or pay travelling expenses of persons in search

of work. The private charitable society is not so restricted and can supply tools and replenish the stock-in-trade of petty dealers in temporary difficulties. It can and does supplement the relief of the public authority. The Mendicity Institution in Dublin provides free meals every day for those who can come to the institution and also provides free travelling tickets for people who know where work can be found or who have friends elsewhere who will maintain them. The Strangers' Friend assists strangers and the sick poor in their homes. The above mentioned societies are non-sectarian in character, but the denominational societies that assist the poor in their homes work on a more extensive scale.

The Society for the Relief of Distressed Protestants assists necessitous members of Protestant denominations.

The Ladies' Association of Charity of St. Vincent de Paul is a Catholic organization for assisting the sick poor. It has branches in Dublin and elsewhere in Ireland and visits the sick poor in their own homes. Several of the Catholic Religious Orders of women visit the poor, whether sick or in distress, and bring them assistance. The Little Sisters of the Assumption visit the homes of the poor where the mother is ill, nurse the sick mother, do all the household duties, and remain in the home until the husband returns from his work. The Bon Secours Nuns nurse the sick ; the Sisters of Charity of St. Vincent de Paul, the Irish Sisters of Charity, the Sisters of Mercy, and the Sisters of Nazareth all visit the poor and the sick in addition to their care of hospitals, orphanages, and schools. The Little Sisters of the Poor, as we have already mentioned, maintain large homes for old men and women in Dublin, Cork and Waterford.

329. Amongst lay charitable societies the Society of St. Vincent de Paul is the most widespread in its activities. In Ireland it consists of a Superior Council for all Ireland, 3 Central Councils, 8 Particular Councils, and 303 Conferences. The Conference is the unit and is composed of a number of laymen who undertake the work of visitation of the poor in their own homes for a parish or portion of a parish. Where there are a number of Conferences in a city or town they are united by a Particular Council, and where there are a number of Conferences in a Diocese they are united by a Central Council. The Superior Council of Ireland is the supreme authority for the whole country and is the connecting link with the Council-General in Paris. The society is religious in its aims and Catholic in its membership. In its visitation of the poor it is non-sectarian, the only claim of the poor to its assistance being their poverty. In 1925 the Society had over 5,000 active members and 1,070 honorary. It assisted 24,736 poor families, to whom it paid 238,958 visits and amongst whom it distributed £63,831 in provisions and money grants. In addition the Society maintained 150 orphans in the Society's Orphanage, Glasnevin, Dublin, and maintained a large number of special works, such as a Night Shelter, Seamen's Institutes, a Labour Yard, Secretariats for the Poor, Boys' Clubs, Prisoners' Aid Societies, Coal Funds, Thrift Banks, Lodging Houses, and other works of a similar nature for the poor.

330. It is probable that there is a certain amount of overlapping amongst the various charities and between the charities and the Poor Law, but it seems almost impossible to avoid this without resort to a system to which some of the societies would object. We have already, in Chapter IV., given an indication of the nature of the difficulties. In practice people who habitually resort to charitable societies for aid are known and dealt with accordingly. To institute a common register would tend to expose the poverty of the decent poor and make them reluctant to resort in future to such societies for aid. The Society of St. Vincent de Paul refuses to disclose the names of those on its Assistance Registers, though it is always ready to advise others on particular families where such advice is sought in confidence.

331. We received evidence of the difficulties experienced by charitable societies in meeting the demands on their funds largely caused, they allege, by the inadequacy of the relief granted to destitute people by Poor Law authorities. This raises the question of the relation of such societies to the Poor Law authority and involves two points : first, how far the Poor Law authorities are entitled to take into consideration the assistance given by a charitable society ; and, secondly, how far charitable societies may look to the Poor Law authorities for assistance in their work ?

The sums allowed by the Poor Law authorites, as pointed out before, are not in many cases sufficient to maintain a family in food, clothing, and housing, and are merely partial relief. While that condition exists it would not seem just to

reduce the already inadequate grants of Home Assistance by the amounts received from charitable sources. Such a course can be justified only where the right of the poor family to adequate assistance is admitted. In such a case it would be necessary to see that the total sum received is not more than is required to keep the family in food, shelter, firing, and clothing—the necessaries of life.

Some charitable societies, notably the Society of St. Vincent de Paul, are mainly religious in their character, and the assistance given to a poor family is small compared with the necessities of the family. If emphasis is laid on the amounts given to the poor families visited by the Society, it must hamper the members in their religious work amongst the poor by placing their work on the same level as that of the Public Assistance Officer and inducing comparisons as to the amount granted from each source.

The relations between the Poor Law authorities and all charitable agencies should be that of cordial co-operation in achieving a common end. If Home Assistance is measured with reference to the help granted by the charitable societies we fear it will tend to place public and private agencies in antagonism. We suggest that the converse should hold good instead, and that it is the charitable societies who might measure their assistance having regard to the amount granted by the public authority, and that in this way a fair balance will be maintained and the poor will feel that the charitable societies are interested in them from motives other than the bringing of mere material relief.

Work among the homeless classes.

332. There is a phase of the work of charitable societies to which our attention was particularly drawn : their work amongst the homeless classes by the provision of Shelters and Hostels. There is always the risk that resort to any public institution of the type of the old workhouse will reduce the unemployed to the condition of the unemployable. In the St. Vincent de Paul Night Shelter we found that the food and shelter given free to the men in residence was only a means to an end, and that the object of the Society was to keep their poor clients from becoming hardened by their misfortune. This the Society endeavoured to attain by kindly sympathy in an atmosphere of religion. The Night Shelter, however, only provides temporary accommodation, the maximum stay being 14 nights, and a limit of two months before a second admission. A very valuable extension of this work would be the provision of hostels for men and women where, under similar conditions, those who now drift to the casual ward in Dublin might be provided with food and lodging at the lowest possible rates.

333. A scheme for dealing with the class of derelict men in Dublin who ordinarily resort to the casual ward, the free shelters, or inferior lodgings and who usually live by odd jobs in the street was put before us. The number of such men in Dublin was estimated at 600.

The basis of the scheme is a lodging house or hostel managed by voluntary workers animated by religious ideals. Accommodation would not be provided free : it would be either paid for or worked for. It would be essential to provide work, such as the making of firewood, which would be a test for the man who can pay and a means of payment for the man without resources. Once such a hostel was set up it might be possible to run it without loss.

To enable men in this class to escape from their condition of foulness, the first thing to be done would be to supply clean clothes and to have good bathing and washing arrangements. The value of this initial step in the development of morale would, it is considered, be very great.

Side by side with the care for material necessities would exist an intimate personal acquaintance with the class of men in view, sympathy and knowledge of how to handle them, and a spirit of idealism and self-sacrifice. Social workers with these qualifications are available in Dublin and have been at work on the problem with some success.

All comers would not be admitted to the Hostel indiscriminately. The cases in the worst plight would be selected and each man kept until such time as it was clear he could stand alone.

334. We believe schemes of this kind to be sound and beneficial from the point of view of the State. We, however, recognise that they owe such beneficial results as they may be able to accomplish primarily to the fact that they are voluntary and actuated by higher motives than the provision of material neces-

sities. To bring them into any kind of even distant relationship to the Poor Law would probably mean their destruction. Therefore, while we would like to find some means of assisting them it is with diffidence that we make any suggestion.

The initial step of obtaining and equipping premises for the purpose of carrying out their charitable work sometimes presents considerable difficulty to the promoters. If the local authorities were permitted to help in overcoming this difficulty we are of opinion that assistance so given would be in the form least harmful to voluntary effort of this character, and we suggest that the law might admit of this being done.

CHAPTER X.

DUBLIN COUNTY AND COUNTY BOROUGH.

The existing organisation of poor relief in Dublin County and County Borough.

335. At the date of the passing of the Local Government (Temporary Provisions) Act, 1923, there was no "existing scheme" of re-organisation of Poor Law administration in Dublin County or County Borough, nor has any scheme been prepared under the provisions of that Act. The Poor Law, therefore, remains unaltered in these areas, although, as will be seen, the administration has in practice been modified.

336. The whole area of the county and county borough is comprised in three Unions, namely, Balrothery, Dublin, and Rathdown, which in general terms might be said to cover the northern, the central and the southern parts of the district, respectively. Dublin Union, which includes the metropolis and a large portion of the county, has a population more than six times that of the other two Unions combined.

337. The Guardians of Balrothery Union formerly maintained a workhouse at Balrothery, but this institution has now been closed and the poor of the Union who need indoor relief are sent to Dublin Workhouse, where by arrangement they are maintained on a capitation basis, or if they are suffereing from infectious or contagious disease they are sent to Cork Street Fever Hospital in Dublin. The administration of outdoor relief and medical charities is still in the hands of the Guardians.

338. In the city of Dublin there were, up to the year 1918, two workhouses, one in North Brunswick Street, belonging to the North Dublin Union, and the other in James's Street, the workhouse of the South Dublin Union. In 1918 the two Unions mentioned were amalgamated and became the Dublin Union. The premises at North Brunswick Street ceased to be used for poor relief purposes, the South Dublin Union workhouse becoming the workhouse of Dublin Union. Each of the old Unions had Poor Law schools separate from the Workhouse. The North Dublin school was at Pelletstown, County Dublin, and the South Dublin was at Cabra, in the same neighbourhood. These schools were transferred to the new Union.

Prior to amalgamation an arrangement existed between the Boards of Guardians and Cork Street Fever Hospital for the treatment of cases of infectious and contagious disease. This arrangement was not disturbed on the Unions being combined.

339. The boundaries of Dublin Union were in 1923 extended so as to take in the part of Celbridge Union (Celbridge No. 2 Rural District) in County Dublin, which could not be dealt with under the Kildare County Scheme.

340. The remaining Union, Rathdown, was partly in County Dublin and partly in County Wicklow. The Wicklow County Scheme Order, 1923, transferred the administration of the Wicklow part to the Wicklow County Board of Health. The functions of the Rathdown Union Guardians were, therefore, confined to the County Dublin part of the Union.

The Rathdown Union Guardians maintained a workhouse at Loughlinstown, County Dublin. Except for the infirmary portion and fever hospital, which is still used under the title of St. Columbcille's Hospital, this workhouse is now closed. The poor requiring institutional care except those who can be treated in St. Columbcille's Hospital are sent to Dublin. The Rathdown Guardians still retain the administration of outdoor relief and medical charities.

341. From the foregoing it will be gathered that in consequence of the re-organisation of poor relief in the counties of Wicklow and Kildare, Dublin County and City is now wholly in three Unions, none of which extends beyond the boundaries of the county, and that by inter-Union arrangements two of the three workhouses have been closed as such and that institutional relief is centralised except for a small hospital at Loughlinstown in the establishments of Dublin Union.

It appears from our inquiries that the arrangements by which poor persons

requiring institutional relief are sent into Dublin have worked smoothly, and we have received no evidence that they have involved any hardship to the poor.

The result of these modifications of the old Union system is that Dublin now presents fewer obstacles to the successful re-organisation of poor relief on a county basis than most of the counties in which Schemes are already in operation.

342. In 1923 the Minister, exercising the powers that were vested in him by the Local Government (Temporary Provisions) Act, 1923, dissolved the Board of Guardians of Dublin Union and appointed three Commissioners in their stead.

343. From the evidence of Mr. MacLysaght, the Chairman of the Commissioners, it appears that the numbers receiving institutional relief are considerably less than formerly. This is to some extent accounted for by the change that has taken place in the method of affording outdoor relief. Up to 1918 the outdoor relief in the North and South Dublin Unions was as to ninety per cent. of it given in kind. It is now distributed in cash and on a more liberal scale, and the reduction in the numbers in the workhouse has been fully compensated for by an increase in the numbers on outdoor relief.

344. We publish in the Appendix a comparative Table showing the number of persons in receipt of relief on 1st October, 1913. and on 31st March, 1926, in the Unions of Balrothery, Dublin and Rathdown.

A Joint Scheme for Dublin County and County Borough.

345. We do not think that any substantial reasons can be adduced against bringing the system of public assistance under the Poor Law in Dublin City and County into conformity with the general principles that have governed its re-organisation in the rest of the country. We, therefore, recommend that the functions of the guardians be transferred to the county council and the county borough council, acting through a joint board of public assistance, and that central institutions be set up in which the poor will be relieved according to their need.

Having regard to the fact that for a considerable time a large part of the county has been part of the same administrative unit as the county borough and to the community of interest that exists between the county and the county borough, we are of opinion that in lieu of separate schemes for each area there should be a joint scheme for the combined areas. We consider that the necessary services can in Dublin be more economically and more efficiently provided jointly than separately.

346. The practical application of a scheme of central classified institutions presents no serious difficulties. The area to be served by these institutions is comparatively small and the existing buildings that can be adapted to the new services are not difficult of access from any part of the area. Further, owing to the great improvements in the institutions under their control which have been effected by the Commissioners for Dublin Union since they took office, the work of preparing a joint scheme for city and county and bringing it into operation will be considerably simplified.

347. We contemplate the removal from the workhouse of all lunatics, idiots and imbeciles, unmarried mothers and children, and inmates suffering from pulmonary tuberculosis. With the removal of these classes the Dublin Workhouse buildings will afford ample accommodation for a County Home and a County Hospital.

348. The other institutions which we recommend should be provided are a Home for unmarried mothers and children in the Pelletstown School premises, and an institution for cases of pulmonary tuberculosis at the old Rathdown Workhouse.

349. It will be necessary, we think, to provide in Dublin at any rate during the initial stages of the change, accommodation for homeless able-bodied men and women, as we are not convinced of the practicability of having that class as we find them in Dublin dealt with altogether by means of outdoor relief. We have hopes that, with the development of the scheme referred to in Chapter IX. (Para. 333), the number of this class requiring to be provided for will be a diminishing one.

350. The school buildings at Pelletstown have already been adapted as a home for unmarried mothers and infant children. It is in charge of the Sisters of Charity of St. Vincent de Paul. In the past year the Commissioners for Dublin Union have effected considerable improvements in the buildings and the whole place is now well suited for the purpose to which it has been allocated, and appeared

to us capably managed. It suffers, however, from the defect that women are not sent there until after the birth of the child, and up to that period are retained in the workhouse. As we have indicated in our previous recommendations (Para. 233) when dealing with the problem of the unmarried mother, we consider a Home of this class should have a probationary and maternity department, a recommendation which applies to the Pelletstown institution.

351. Since we began our inquiry the school at Cabra has been closed as a Poor Law school, and in consultation with the Commissioners the Sisters of Charity of St. Vincent de Paul have established there a School and Home for mentally defective children. A school of this sort was very much required for Catholic children. We can conceive no better or more suitable purpose to which this building could have been devoted, and we think that the Sisters should receive every encouragement in the initiation of this most necessary work. There were at the end of 1926 in the School 45 boys and 73 girls, of which 72 are from the Dublin area, 20 sent by Boards of Health outside Dublin, and 26 private cases. We shall, in the second part of this Report, when dealing with the provision which will be required for the lunatics, idiots and imbeciles at present in Dublin Workhouse, make further reference to this work.

352. St. Columbcille's Hospital at Loughlinstown is at present largely used as a home for the feeble and infirm, the number of acute medical cases being about one-quarter of the whole and virtually no surgical work is done. This hospital is not more than ten miles from the City of Dublin, and we do not think that under a joint scheme it should be necessary to maintain it for its present purpose. If it were not found feasible to treat infectious cases from the whole area of Dublin City and County in Cork Street Hospital, St. Columbcille's might be utilised as a fever hospital for the southern part of the county.

353. If St. Columbcille's Hospital is abolished we see no objection to a District Hospital being provided at Bray, if the County Wicklow Board of Health so desire.

354. The Rathdown Workhouse buildings at Loughlinstown might be utilised, as we have already proposed, for cases of pulmonary tuberculosis, of which there are a considerable number at present in Dublin workhouse.

355. It will not, we consider, be necessary to use Balrothery Workhouse for any purpose connected with poor relief.

356. We suggest that a suitable ambulance service be provided, and for this purpose we think ambulances should be stationed at Dun Laoghaire, Loughlinstown, and Balbriggan.

357. We should like to see the County Hospital, which would be in separate buildings in the present Dublin Workhouse—a proposition which is in our opinion quite practicable having regard to the extent and number of separate buildings already existing there—brought up to the standard of the best metropolitan general hospitals with a full visiting medical staff, a suitably equipped extern department, and recognised as a training centre for medical students and nurses.

358. It may be urged against a joint scheme for Dublin City and County that it will involve a slightly increased rate in the parts of the county that are not already within Dublin Union. This objection is one which in so far as it is valid in Dublin is valid wherever a uniform rate over a whole county for Poor Law purposes has meant an increase in one area and a decrease in another. It has not been regarded as of sufficient force to justify the retention of the smaller Union areas. It must be remembered that at present a large part of the county is in the same Union as the metropolis and that both county and city are practically utilising the same institutions. It would seem to us more equitable to add the smaller unions to Dublin Union than to separate from the city the large part of the county with which it has been joined for poor law purposes. The com ensation for an increased rate will, we anticipate, be found in the benefit of an improved administration for the whole area.

County Dublin Infirmary (Meath Hospital).

359. The Meath Hospital, Dublin, was constituted the County Dublin Infirmary by the Act 13 and 14 Geo. III., cap. 43 (Ir.). It was provided by a subsequent Act that it should have the same kind of government as the other county infirmaries established under the Act of 1765 (see Para. 40). Under an Order of the Local Government Board of the 6th July, 1899, a joint Committee of 23 members is constituted as the governing body—one member nominated by

the Dublin Corporation, three by the Dublin County Council, and nineteen by the governors and governesses.

We visited the Hospital and found it a well-managed institution. Over 1,600 patients have been admitted in each of the years 1924-25 and 1925-26. There is an extern department connected with the hospital which is perhaps not quite up to the standard of the hospital itself, and there is also a convalescent home at Bray for patients who have been under treatment in the hospital. The average daily number of beds occupied in the Hospital in 1925–26 was 110, and in the Convalescent Home, 8.

360. The hospital appears to be doing good work, and we do not propose to bring it into any formal connection with the re-organised hospital arrangements we have recommended for the City and County.

361. It appears to us from an examination of the income and expenditure accounts for the years 1924-25 and 1925-26 that the Dublin County Council and the Dublin Corporation would be entitled on the basis of their contributions to the Hospital to increased representation on the Joint Committee, and we suggest that the Order of 1899 to which we have referred requires reconsideration from this point of view.

PART II.—THE PUBLIC PROVISION FOR THE MENTALLY DEFECTIVE.

Introductory.

362. By the terms of our reference we are instructed:

to inquire into the existing provision in public institutions for the care and treatment of mentally defective persons [1] and to advise as to whether more efficient methods can be introduced especially as regards the care and training of mentally defective children, due regard being had to the expense involved.

In order that we might be in a position to express an opinion on the provision made for the mentally defective in public institutions one or more of our members have visited all the district mental hospitals other than that at Clonmel, the auxiliary mental hospital at Youghal, the four private charitable foundations for the reception of the insane (Bloomfield Institution, St. Patrick's Hospital, St. Vincent's Institution, Stewart Institution), and the State Criminal Lunatic Asylum at Dundrum. As already stated in Part I. of this Report, we inspected in the course of our visits to the County Homes and other Poor Law institutions the arrangements made in these establishments for the care of inmates classed as lunatics or idiots.

363. In addition we received evidence from members of Mental Hospital Committees, from the Inspector of Mental Hospitals, from the Registrar and Assistant Registrar to the Chief Justice, from representatives of the Irish Division of the Royal Medico-Psychological Association, from officers of the Mental Hospitals, and from witnesses appointed by the Irish Mental Hospital Workers' Union.

Further we addressed to the Resident Medical Superintendents of the District Mental Hospitals, a list of questions in order to obtain their views on the subject of our Inquiry, and subsequently we took oral evidence from several of the Superintendents and had the advantage of personal conference with most of these officers when visiting the mental hospitals.

364. Before describing the existing provision for the insane, it is desirable that we should give a general account of the origin and development of the mental hospitals and of the course of lunacy legislation. We shall then consider to what extent the law and arrangements at present governing the treatment of the insane need to be amended, bearing in mind that the maintenance of the district mental hospitals places a relatively heavy burden on the rates and that proposals, however excellent in themselves, that would have the effect of increasing this burden seriously would not be likely to meet with general acceptance.

CHAPTER XI.

Legislation concerning Public Institutions for the Insane.

Historical Retrospect.

365. The earliest public provision for the insane took the form of erecting cells in the houses of industry or workhouses. In 1728 cells were erected in the Dublin House of Industry. Later, in the eighteenth century, a small amount of accommodation was provided for the insane in the houses of industry established in several counties under an Act of 1772.[2] Towards the middle of the eighteenth

[1] The term mentally defective we interpret to include mentally disordered as well as mentally deficient persons.

[2] 11 and 12, Geo. III., Cap. 11.

century, there was established in Dublin, through the instrumentality of Dean Swift, who bequeathed the greater part of his estate for the purpose, an asylum for the insane, namely, St. Patrick's Hospital, which still exists.[3]

366. In 1787 by a section in a Prison Act [4] the Grand Juries were empowered to raise funds for supporting wards for destitute insane persons recommended by two or more magistrates. Under this Act an asylum was established in connection with the House of Industry in Cork.

In 1806 the Grand Juries were by another Act [5] enabled "at each summer assizes to present a sum not exceeding one hundred pounds for the support of a lunatic asylum or ward connected with a house of industry."

367. The Grand Juries utilised this power which the law gave them only to a limited extent. The position in 1817, thirty years after the passing of the earliest Act, was that "with the exception of one institution in Dublin, one in Cork, and one in Tipperary there was not provision made for more than 100 lunatics throughout all Ireland."[6]

368. In 1810 a parliamentary grant was made for an asylum in Dublin, which was opened in 1815, and afterwards became the Richmond District Asylum (now called the Grangegorman Mental Hospital).

369. In 1817 and 1820 two lunacy acts [7] were passed but they were superseded and repealed in 1821 by the lunacy act of that year, and it is to this act that the present system of district mental hospitals owes its origin.

370. The Lunacy (Ireland) Act, 1821, was entitled: "An Act to make more effectual provision for the establishment of asylums for the lunatic poor and for the custody of insane persons charged with offences," and provided for the formation of districts which might include one or more counties or counties of cities or towns, but not in any case include part only of a county or county of a city or town. It empowered the Lord Lieutenant with the advice of the Privy Council to direct asylums to be erected in the several districts as formed and it provided for the setting up of an unpaid Board called the Board of Control for "superintending and directing the erection, establishment and regulation of all such asylums." The Lord Lieutenant and Privy Council were authorised to frame Rules upon the recommendation of the Board of Control for the good conduct and management of the new institutions, and to appoint local Boards of Governors.

371. The money required for the purchase of land and the erection of the asylum buildings was advanced from the Consolidated Fund which was recouped in instalments by the Grand Juries out of money raised off the several counties, cities or towns. The expenses of maintaining the asylums when erected was wholly a local charge and entirely defrayed by Grand Jury presentment until 1875, when a government grant-in-aid was first made. The same procedure which was followed in providing the capital sums required for buildings was for a time adopted in order to place funds at the disposal of the Boards of Governors. By an Act passed in 1826 [8] the Lord Lieutenant in Council could order a sum not exceeding £10,000 in any quarter to be advanced out of the Consolidated Fund for maintaining any asylum. Advances made were subsequently repaid by the Grand Juries. The Public Works Loans (Ireland) Act, 1877, however, brought the practice of making advances out of the Consolidated Fund for the support of asylums to an end and enacted that advances should be made by the treasurer of the county, and that loans for asylum purposes should bear interest at 3½ per cent. The advances whether for building or maintenance of earlier date, had been free of interest.

372. In 1835 the Board of Control, having completed the erection of all the asylums they considered necessary, resigned their appointments and the Board of Works were nominated in their stead. They had built altogether by that year nine asylums for 980 patients. Of these nine asylums, six, with accommodation for 668 patients, were within the present area of the Saorstat To these six must be added the Richmond in Dublin, which although not built by the Board was by an Act of 1830 [9] appropriated to the purposes of a district asylum The seven district asylums and the districts they served were then as follows:—

Ballinasloe Asylum, opened in 1833, for the counties of Galway, Roscommon, Mayo, Sligo, and Leitrim, and the town of Galway.

[3] For the early history of asylums in Ireland see the Census Report (1851), Part III.
[4] 27 Geo. III., cap. 39, Section 8.
[5] 46 Geo. III., cap. 95.
[6] Report of Select Committee of House of Commons, Session Paper (1817) No. 430.
[7] 57 Geo. III., cap. 106 and 1 Geo. IV., cap. 98.
[8] 8 Geo. IV., cap. 54.
[9] 11 Geo. IV., cap. 22.

Carlow Asylum, opened in 1832, for the counties of Carlow, Kildare, Wexford, and Kilkenny and Kilkenny City.

Clonmel Asylum, opened in 1834, for the County of Tipperary.

Limerick Asylum, opened in 1827, for the City of Limerick, and the Counties of Limerick, Clare, and Kerry.

Maryborough Asylum, opened in 1833, for Offaly, Leix, Westmeath, and Longford.

Richmond (now Grangegorman) Asylum became a district asylum in 1830 for Dublin City and County and the Counties of Meath, Wicklow, Louth, and the town of Drogheda.

Waterford Asylum opened in 1835 for Waterford City and County.

The Counties of Monaghan and Cavan sent their patients to Armagh, and Tirconaill patients were sent to Londonderry. The City and County of Cork provided for their own lunatics, under the Act of 1787, to which we have referred, and remained outside the district asylum system until 1845, when the Cork Lunatic Asylum was declared to be a district asylum.[10].

373. The need for further accommodation necessitated from time to time the enlargement of the asylums originally built, the formation of new districts and the erection of new asylums. Between the years 1852 and 1855, four additional asylums were provided and a new and enlarged asylum erected in Cork and opened in 1852. These four additional asylums were as follows :—

Kilkenny, opened in 1852, for the County of Kilkenny and Kilkenny City.
Killarney, opened in 1852, for the County of Kerry.
Mullingar, opened in 1855, for Counties of Longford, Meath and Westmeath.
Sligo, opened in 1855, for Counties of Leitrim and Sligo.

374. Again, in the years 1866 to 1869, additional asylums were erected as follows :—

Letterkenny, opened in 1866, for the County of Tirconaill.
Castlebar, opened in 1866, for the County of Mayo.
Ennis, opened in 1868, for the County of Clare.
Enniscorthy, opened in 1868, for the County of Wexford.
Monaghan, opened in 1869, for the Counties of Monaghan and Cavan.

375. Since the year 1869 no district at present in the Saorstat has been divided. The pressure on accommodation has been met either by additions, some of considerable size, to established asylums or by the provision within the existing districts of new asylums which are branches or departments of the main asylums for the district. Examples of the latter class are to be found at Portrane, County Dublin, where a branch of Richmond Asylum (Grangegorman Mental Hospital) was completed in 1902, and at Youghal, County Cork where in the following year an auxiliary asylum for chronic and harmless patients from Cork Asylum was set up.

376. The financial adjustments between counties that became necessary from time to time consequent on the creation of new districts were dealt with in several Acts, namely, The Lunacy Act, 1826, the Criminal Lunatic Asylum Act, 1845, the Lunatic Asylums Act, 1846, and the Lunatic Asylums Repayment of Advances Act, 1855, and ultimately it was enacted that where adjustment was necessary, the Lord Lieutenant in Council should fix the equitable amount to be repaid by counties remaining in a district to counties removed from a district.

377. The Act of 1821, besides providing for the erection of asylums for the care of the insane poor, also provided for the disposal of two classes of criminal lunatics, namely, persons indicted and acquitted on the ground of insanity and persons found insane on indictment, for whom prior to this no special provision was made Both of these classes were to be removed to the district asylum.

378. Dangerous lunatics, that is, persons apprehended under circumstances denoting a derangement of mind and an intention of committing an indictable offence, were first dealt with by the Criminal Lunatics Act, 1838. Under this Act such lunatics might be committed to gaol and thence removed by warrant of the Lord Lieutenant to an asylum, a provision which had the effect of increasing the number of lunatics in the gaols and led to serious abuses The same Act also authorised the Lord Lieutenant to remove to asylums insane persons committed for trial and insane prisoners under sentence. Experience showed that the gaols

[10] By the Central Criminal Lunatic Asylum Act, 1845, section 19.

were not the proper places for the detention of lunatics, and that all insane convicts should not be sent to the asylums. The committal of dangerous lunatics to gaols was prohibited by the Lunacy Act of 1867 which provided for their committal direct to the asylums.

379. Special provision was made for insane convicts and other criminal lunatics by the Central Criminal Lunatic Asylum Act of 1845. Under this Act a central asylum for 120 criminal lunatics was established at Dundrum, County Dublin, at the expense of the State. This asylum was completed in 1850. At the time no establishment exclusively for the reception of criminal lunatics was known to exist in any country. The officers and servants of the central asylum were appointed by the Lord Lieutenant who, with the advice of the Privy Council, made rules for its government.

380. In the year 1842 a Private Lunatic Asylums Act was passed. This Act was the first dealing with private asylums and made provision for licensing and regulating the management of these establishments, and for their inspection. The Act did not require charitable institutions supported wholly or in part by voluntary contributions and not kept for profit by any private individual to be licensed.

381. The Act of 1845 referred to above also made new arrangements for the inspection of asylums. Prior to that year the Inspectors-General of Prisons were required to visit every place, public or private, where lunatics were confined. In 1842 they were made inspectors of lunatic asylums, but the Act of 1845 empowered the Lord Lieutenant to appoint one or more Inspectors of Lunatics whose duties were prescribed by the Act and to whom were transferred the functions of the Inspectors-General of Prisons, so far as they related to lunatics. Two inspectors were appointed. About 1860 the Inspectors of Lunatics were nominated as additional members of the Board of Control, which had been established under the Act of 1821 before referred to, and they were also entrusted with the general supervision of the Central Criminal Lunatic Asylum.

382. The Act of 1845 also provided for the removal of all lunatics in houses of industry to the district asylums. It also gave the Lord Lieutenant power to order the erection of a provincial asylum to be appropriated to any particular class or classes of lunatics. The object of this provision was to permit the establishment of an asylum for chronic and harmless patients. No advantage was taken of it and the section (15) was repealed in 1898.

383. The asylums erected in the period 1822-1835 cost for building, purchase of land, and equipment, £222 per patient. In the second building period, 1852-55, the cost was stated to be £148 per patient.[11]

384. Complaints came from the counties that the outlay had been extravagant in some cases and that the work had been imperfectly done. In 1855 the Treasury having had these complaints investigated, decided to make remissions amounting to £12,183 from the sums to be recovered in respect of the asylums at Cork, Killarney, Mullingar, and Sligo, and to have various defects remedied without further charge to the cesspayers. The Lunatic Asylums Repayment of Advances Act, 1855, authorised the Treasury to give this relief.

385. The total sums expended down to the end of the year 1877 on the establishment of asylums, including the purchase of land, was stated to be in round figures £1,250,000.[12]

386. Questions having arisen as to the authority in whom the appointment of the officers and servants of asylums vested, The Lunacy Act, 1867, provided that the Lord Lieutenant by Order in Council was to determine the staff. The Lord Lieutenant was also given power to appoint the Resident Medical Superintendent, the appointment to the other offices to be made with his approval by the Governors. This Act provided for pensions being granted to officers and servants of asylums on retirement.

387. The most important provisions of the Act of 1867 and the only provisions now in force are contained in sections 10 and 11. Under section 10 whenever any person is brought before two Justices (Peace Commissioners now act in place of the Justices) and it is proved that such person has been discovered under circumstances denoting a derangement of mind and a purpose of committing some indictable crime the Justices must call to their assistance the dispensary medical officer of the district and if he certifies that the person apprehended is a dangerous lunatic

[11] See the Twenty-Second Report of the Commissioners of Public Works, p. 26.
[12] Report of the Inspectors of Lunatics for 1877.

such person shall by warrant of the Justices be taken to the lunatic asylum established for the place where he was apprehended.

The purpose of this section, as we have already indicated, was to prevent lunatics being sent to gaols; but the framers of the section could not have anticipated that in practice it would largely supersede the ordinary methods of admission.

The section was widely availed of, principally for two reasons: in the first place the ordinary admission forms prescribed by the Rules were not imperative on the Governors, and, secondly, they did not provide for the conveyance of the lunatic to the asylum. Furthermore, until the passing of the Lunacy Act of 1901, the relatives of a dangerous lunatic so committed, if able to pay for his maintenance and otherwise liable for it, could not be legally required to do so. The other unrepealed section (11.) of this Act allowed dangerous lunatics to be discharged on recovery in the same manner as ordinary patients.

388. In 1868 by the Lunatic Asylums (Ireland) Accounts Audit Act, it was provided that the accounts of the asylum should be audited once a year by the auditor of the accounts of the Poor Law Union in which the asylum was situated. From the time the asylums were established and up to the passing of this Act the accounts had been audited by the Commissioners of Audit in London.

389. In 1871 a comprehensive statute, the Lunacy Regulation Act, amending the law relating to Commissions in Lunacy, the management of the estates of lunatics and the protection of their property was passed. This Act dealt with what were known as Chancery Lunatics. The Chief Justice now exercises all the prerogative and legal powers formerly entrusted to the Lord Chancellor.

390. In 1874 Parliament approved of a proposal to recoup local rates to the extent of a Capitation Grant of four shillings a week in respect of the cost of maintenance of each patient and voted money for the purpose. No payments were, however, made until the year 1875-76. The grant was voted annually until, in pursuance of the Local Government Act, 1898, other arrangements, to which we shall refer in due course, were made.

391. The Lunatic Asylums Act, 1875, defined expressly the powers of the asylum authorities as to the detention of patients and retaking them in case of escape. It provided for the amendment of Reception Orders and Certificates after a patient's admission. Power was given to allow patients out on trial for a period not exceeding one month, and also to send a patient in a private asylum to any place for the benefit of his health. Under section 9 the Board of Governors could, with the consent of the Central Authorities, contract with the Poor Law Guardians of any Union for the maintenance in the workhouse of chronic patients who may have been received into the district asylum. The only place in the Saorstat where this power was availed of was in Ennis Asylum, and there only to a very limited extent.

Section 16 of this Act enabled the property of patients to be made available for their maintenance and imposed liability on relatives in certain cases. The remaining provisions of the Act dealt with points of minor importance, such as the payment of dispensary medical officers who certified dangerous lunatics, the temporary transfer of insane prisoners on remand to asylums, and the transfer of pauper patients on discharge to the workhouse.

392. By the Lunatic Asylums Loans Act, 1878, the duty of framing the financial estimates for the maintenance of the asylums was laid on the Inspectors of Lunatics. These estimates when approved by the Chief Secretary were transmitted to the Grand Jury, who were bound to present for the sum to be raised.

393. The County Court Jurisdiction in Lunacy Act, 1880, conferred on Civil Bill Courts the jurisdiction of the Lord Chancellor in cases of lunatics of small means. No proper executive machinery for carrying out the orders of the Judge was provided and it appears that in practice the Act was not found satisfactory.

394. The Trial of Lunatics Act, 1883, provided for a special verdict where a person charged with an offence was found guilty but insane at the date the offence was committed. Such persons were to be kept in custody as criminal lunatics.

395. The law with regard to the superannuation of asylum officers and servants was amended by the Pauper Lunatic Asylums Superannuation Act, 1890. It became then possible to grant a pension to a whole-time officer or servant who became incapacitated from sickness, age, or infirmity, or to one who had at least fifteen years' service, and was not less than fifty years of age. This Act still applies to those who did not elect to avail of a later Act passed in 1909.

396. The system of administration which we have outlined underwent radical

alteration when the Local Government Act, 1898, came into operation. From 1821 to 1899 the asylums were in the general control of the Lord Lieutenant. The administration was divided amongst three bodies whom he appointed, namely, the Board of Control, the Boards of Governors and the Inspectors of Lunatics. The Board of Control was entrusted with the provision of accommodation, the local Boards of Governors managed the asylums in accordance with prescribed uniform rules called the Privy Council Rules, and the Inspectors had not only the duty of visiting the asylums and inquiring into their condition, but had administrative functions, such as the framing of estimates, the approval of pensions, the regulation of dietary scales, the fixing of hours of meals and of rising and retiring, and also certain duties in connection with the audit of accounts.

397. Under the Act of 1898 a new administrative system was set up, and it became the duty of the County Councils created by the Act to provide sufficient accommodation for the lunatic poor, and manage the asylum for the county. The Board of Control was abolished and the powers of the Lord Lieutenant and the Inspectors as to the appointment and removal of officers and the regulation of expenditure were transferred to the Councils. The County Council's powers were to be exercised through a Committee appointed by them, one-fourth of which might be composed of persons not members of the Council. This Committee is known as the Committee of Management. In districts composed of more than a county or a county borough joint committees were to be appointed, the counties being represented in proportion to the expenses defrayed by each.

399. The Committees of Management were given power to make regulations respecting the government and management of the asylums; the admission, detention and discharge of patients; and the conditions as to payment and accommodation for private patients. The Privy Council Rules were to continue in operation until these regulations were made and approved. All the Committees of Management except those for the asylums at Carlow, Castlebar, and Mullingar have made regulations under the Act.

400. Under the 76th section of the Act, provision was made for the establishment of auxiliary asylums for chronic and harmless lunatics. Such an auxiliary might be a disused workhouse or other suitable building in possession of the Guardians or a specially erected building, and a capitation grant not exceeding two shillings a week for each patient was provided for. The intention of the section was to provide proper accommodation for the lunatics in the workhouses and also, if necessary, to provide suitable accommodation for the quiet and harmless cases in the asylums. Where an auxiliary was provided, section 9 of the Act of 1875, to which we have referred above, ceased to apply.

The only auxiliary asylum which has been provided under this section is at Youghal. In 1907 the Local Government Board sanctioned the handing over of Tulla Workhouse to the Clare County Council for the purpose of providing an auxiliary asylum, but the project was not proceeded with. A proposal to convert Cootehill Workhouse into an auxiliary asylum was under consideration when the war broke out in 1914.

401. Although the Lord Lieutenant was relieved of responsibility for the management of the asylums extensive powers of control still vested in him. These powers, which are now exercisable by the Minister for Local Government and Public Health were as follows :—

(*a*) If a Council fail to provide and maintain sufficient accommodation he may order the Council to remedy the failure within the time and in the manner specified in the order.

(*b*) He could fix the number of members of a Committee of Management.

(*c*) His approval was required for plans and contracts for the purchase of land or buildings or for the erection, restoration or enlargement of buildings.

(*d*) Regulations for the management of each asylum which could be made by the Committee of Management required his approval.

(*e*) The determination of disputes between the counties in a joint district as to the provision of funds was vested in him.

(*f*) Before the government capitation grant was paid he was to be satisfied that the Council had fulfilled their duty with respect to the accommodation and maintenance of the lunatic poor.

(*g*) A resident medical superintendent or an assistant medical officer could not be appointed or their salaries fixed or altered without his concurrence.

The Inspectors' primary functions, as defined in the Act of 1845, of visiting asylums, inquiring into the care and treatment of the patients and the observance of the law remained unaltered by the Local Government Act, 1898.

The Local Government Board were assigned duties in connection with the forms of accounts and books to be kept, the auditing of accounts and the sanctioning of loans.

402. The expenses of asylums which were, as we have indicated, defrayed from the county cess or the corresponding rate in towns, became by the Local Government Act, 1898, a county-at-large charge on the Poor Rate. The Act made new arrangements in connection with the capitation grant. Under section 58 this grant, amongst others, ceased to be paid out of the votes and became payable out of the Local Taxation Account to which was assigned to meet this and other charges the proceeds of Local Licence Duties and a fixed annual payment from the Consolidated Fund. If the revenue assigned proved insufficient, the grants were to be proportionately abated. In the first decade after the passing of the Act the revenues proved sufficient, but the steady increase year after year in the number of patients in the asylums and the consequent increase in the claims on the Local Taxation Account, the revenue of which did not expand in proportion to the charges, brought into operation, in the financial year 1910-11, the provisions of the Act of 1898 regarding proportionate abatement and since that year it may be said that the four shillings capitation grant has not been paid in full.

403. The Lunacy Act of 1901 provided for the conditional discharge of criminal lunatics and extended to Ireland certain provisions of the English Lunacy Act of 1890 designed to protect lunatics from ill-treatment. It provided for the expenses connected with the maintenance of criminal lunatics in district asylums being defrayed out of government funds. The central asylum at Dundum could not accommodate all persons classed as criminal lunatics, and it had become the practice to send persons who had committed only trivial offences, or were serving short sentences, to the district asylums, reserving the Central Asylum largely for those who had committed serious offences. The Act of 1901 gave the same power of recovering the cost of maintenance of dangerous lunatics as existed in the case of ordinary patients, and it also permitted Committees of Management to unite for the purposes of promoting pathological research.

404. The Asylums Officers' Superannuation Act, 1909, gave established officers and servants a title to superannuation allowance to which they were required during their service to contribute. It applied to all new appointments, but existing officers were allowed, if they wished, to remain subject to the superannuation law as it was before 1909.

405. No statute dealing with lunacy administration was passed by the Parliament of the United Kingdom subsequent to the year 1909. Later statutes to which we shall refer were Acts of the Oireachtas of Saorstat Eireann.

As before stated, under the new Government the functions of the Lord Lieutenant and the Local Government Board in connection with the care of the insane, including the administration of the Central Asylum, were assigned to the Department of Local Government and Public Health,[18] and the Inspector of Lunatics became an officer of that department.

406. By the Local Government (Temporary Provisions) Act, 1923, section 15 the Minister for Local Government and Public Health is given the same power over persons to whom the section applies employed by local authorities (which include the committees of management of asylums) as he has with respect to Poor Law Officers. By statutory order the section has been applied to practically all the officers of the Committees of Management.

407. Under the Courts of Justice Act, 1924, Peace Commissioners are given the powers which the Justices of the Peace had in connection with committal or admission of persons to asylums.

408. The Defence Forces (Temporary Provisions) Act, 1925, section 9, gives the Minister for Defence power to send an insane soldier on discharge from the National Army to the Mental Hospital of his district. Somewhat similar powers were formerly exercised in respect of insane soldiers and sailors by the British Army Council and the Admiralty.

409. The Local Government Act, 1925, gave legal sanction to the change of name from lunatic asylum to mental hospital. It also altered the method of

[18] Provisional Government (Transfer of Functions) Order, 1922; Adaptation of Enactments Act, 1922; Ministers and Secretaries Act, 1924.

apportioning expenses in joint districts. Expenses are now divided on a half-yearly average of the number of patients instead of a triennial average. Under this Act pensions granted to officers who remained subject to the Superannuation Act of 1890 require the Minister's consent.

410. The provision made by the Local Authorities (Officers and Employees) Act, 1926, for ensuring the appointment of suitable persons to situations under local authorities will affect the district mental hospitals as in future the Local Appointments Commissioners will select persons for appointment to the offices that come within the scope of the Act. At present the Act applies to the chief executive officer under every local authority and to professional and technical officers.

411. The law governing lunacy administration is, as we have shown, to be found in numerous statutes passed in the course of a century. These statutes do not form one consistent whole; they are in some respects obsolete, defective, and even contradictory. We, therefore, recommend that all the existing lunacy acts be repealed and that new legislation take the form of an amending and consolidating act.

CHAPTER XII.

ACCOMMODATION.

Public establishments for the insane.

412. The insane poor are maintained either in district, including auxiliary mental hospitals or in poor law institutions (county homes, district hospitals, or the workhouse in Dublin).

The patients in the district mental hospitals are persons who have been medically certified as either dangerous lunatics or idiots or as of unsound mind and proper persons to be taken charge of under care and treatment. The inmates of the poor law institutions have not been certified; they are received into these establishments not by reason of their mental condition but as being persons eligible for relief, that is, poor persons unable by their own industry or other lawful means to provide for themselves the necessaries of life or necessary medical or surgical treatment.

413. On the 1st January, 1926, there were resident in the public institutions for the insane poor 18,376 persons, disposed of as follows :—

	Males	Females	Total
In District Mental Hospitals	8,626	7,453	16,079
,, Auxiliary Mental Hospital, Youghal	248	177	425
,, County Homes, District Hospitals, and Dublin Workhouse	814	1,058	1,872
Total	9,688	8,688	18,376

District Mental Hospitals.

414. There are seventeen mental hospital districts. The counties and county boroughs comprised in each district, the place where the mental hospital serving the district is situate, and also the daily average number of patients resident in the mental hospital during the years 1924, 1925, and 1926, will be found in the Appendix.

It will be seen from this Table that there are six districts comprising one county only, the remaining districts are joint districts composed of more than one county. Three of the joint districts comprise one county and one county borough, six comprise two counties, one comprises three counties, and one comprises three counties and one county borough.

415. The position in the district mental hospitals with respect to accommodation is as follows :—

In Kilkenny, Letterkenny, and Portlaoighise Mental Hospitals there is sufficient accommodation for all the patients that have been received and ample vacant accommodation for new cases.

The following institutions are either fully occupied or the deficiency in accommodation is not very marked :—Castlebar, Clonmel, Killarney, Limerick and Waterford. Clonmel Mental Hospital consists in part of an old unsuitable building.

In the remaining mental hospitals the accommodation is not sufficient on either the male or female side, or on both. The nature and extent of the deficiency we shall indicate in more detail.

The number of patients resident in Ballinasloe Mental Hospital at the end of 1925 was 1,536, which is over 200 in excess of the sleeping accommodation measured according to the official standard. The deficiency of day-room accommodation is still more marked. A small detached building has been acquired to relieve the overcrowding, but, even when this is utilised to its fullest extent, there will be no margin for new cases.

In Carlow Mental Hospital, the female patients preponderate, and the dormitory accommodation on the female side is not sufficient and it is necessary to make up beds on the floor. The Committee have put forward a proposal, which has not yet been sanctioned, to build an addition for 90 patients, at an estimated cost of over £13,000.

Cork Mental Hospital is overcrowded to the extent of about 160 patients, and its auxiliary at Youghal is utilised to its fullest extent.

The sleeping accommodation in Ennis Mental Hospital is adequate, but the dayroom accommodation is altogether insufficient.

The female side of Enniscorthy Mental Hospital is deficient in sleeping accommodation to the extent of about 30 beds.

In Grangegorman Mental Hospital (including Portrane Branch Hospital) there are about 250 patients in excess of the accommodation. The old Grangegorman Prison, which was taken over and adapted to accommodate 160 patients, is a cold, gloomy, antiquated structure and is unfit and unsuitable for its purpose.

There are about 70 patients in residence in Monaghan Mental Hospital in excess of the accommodation.

The congestion in Mullingar Mental Hospital is very marked, there being more than 200 patients over and above the legitimate capacity of the institution.

Sligo Mental Hospital is overcrowded to the extent of approximately 100 patients in the dormitories and about 300 patients in the day-rooms.

416. Many of the mental hospitals are in buildings that present, both externally and internally the appearance of places of detention rather than hospitals. We do not wish to minimise the difficulty of adapting these old structures so as to conform to present-day ideas of a hospital. In a few, notably in Carlow, we found that considerable advances had been made towards the standard to be found in a good general hospital or convalescent home, the surroundings of the patients were bright and cheerful and a good deal of thought and labour had evidently been expended in trying to provide those amenities which distinguish a hospital from a prison. But in most of the institutions the impression was not so favourable; in some it was disappointing. The difference between the worst and the best seemed to be largely though not altogether a matter of administration. The drab and cheerless appearance of the wards, the neglect to remedy small defects, the untidy state of the grounds, the large number of idle patients which was noticeable in some establishments were in some degree indicative of a failure of administration. Some of the arrangements we saw left us under the impression that the routine of institutional life would need to be re-surveyed from the point of view of the patients' comfort. In one hospital the shutters of the dormitories were closed shortly after five o'clock on a summer afternoon, preparatory to patients going to bed at 7 o'clock. Even when empty these dormitories were stuffy and must become almost intolerable on a summer night. In several the patients dress and undress in the corridors and on the stairways, and in one actually come into the dormitories without any clothes. This practice seems to have originated as a measure of precaution, but we find it is a precaution that it is not found necessary to adopt everywhere and is one which must affront the sense of decency of many patients.

No fault could be found generally with the state of the wards and dormitories or the condition of the patients as to cleanliness. The bathing and sanitary accommodation was good and well kept, except in Ballinasloe and Ennis. Every mental hospital has a farm attached, varying in extent, where occupation is found for some patients. Each institution has its own dietary scale, some are liberal, others meagre, but apparently drawn up with reference to the standard of living in the district. All the mental hospitals, except Monaghan, had special infirmary accommodation for the sick.

With regard to treatment as distinct from care this, of course, rests entirely with the medical staff and obviously depends on the knowledge, skill and zeal which these officers bring to their duties and the means of treatment at their disposal. Beyond drawing attention to the importance of this side of the work of the mental hospital and expressing a hope that every effort will be made to develop it so that suitable treatment on modern lines will be everywhere available for those who can benefit by it, we prefer not to refer to it.

The increase in the population of the Mental Hospitals.

417. In 1915 the daily average number resident in the mental hospitals totalled 16,957. Up to that year there had been no signs of slackening in the annual increase in the numbers remaining at the end of each year. In the years 1916, 1917, 1918 and 1919 the number of patients decreased; in the last mentioned year the daily average number resident had fallen to 15,443. In the

following year there was a small increase, but in 1921, the daily average number resident dropped to 15,305, the lowest recorded since 1907; but at the end of the year the actual number in residence showed an increase of 221 over the numbers at the beginning. The following were the increases at the end of each year since 1921:—1922, 315; 1923, 239; 1924, 192; 1925, 206.

In view of this steady increase we think it would be unsafe to reckon on any diminution of the number of insane persons requiring to be provided for. We have seen that in only three hospitals, each serving a single county, can there be said to be surplus accommodation which will be available to meet new requirements. An increase in the numbers in the remaining hospitals will, therefore, lead to overcrowding in those fully occupied and accentuate the congestion that exists in those already overcrowded.

418. In connection with these figures, it may be observed that an increase in the number of patients in mental hospitals is not necessarily due to an increase in the annual number of admissions and does not of itself afford proof that there is an increase in occurring insanity. The number of admissions since the end of 1921 distinguishing the number of patients admitted for the first time from re-admissions is as follows:—

Year	*First Admissions.*	*Re-admissions*	*Total*
1922	2167	535	2702
1923	2121	517	2638
1924	2100	534	2634
1925	2042	542	2584

It will be observed that first admissions and total admissions show a gradual decrease. Nevertheless, the number in the mental hospitals at the end of each of these years was greater than the number at the end of the year immediately preceding owing to the fact that the admissions although falling in number were in the aggregate higher than the combined number of the discharges and deaths in each year.

419. The causes which bring about the increase in the number of patients in mental hospitals have been the subject of investigation from time to time. In 1906 the Inspectors of Lunatics, in examining the alleged increase in insanity,[1] reached the conclusion that this increase was principally due to the following causes: (*a*) accumulation caused by the low and decreasing discharge and death rates, the latter being lower than the corresponding rates in England and Wales; (*b*) to the gradual absorption of unregistered insane; (*c*) to the widening of medical opinion as to the degree of insanity which justifies certification; (*d*) to greater confidence in the poor in the methods of treating the insane; (*e*) to the greater accessibility of the mental hospitals due to better means of transport; (*f*) to the greater longevity of the population generally, which results not only in an increase in the numbers suffering from the mental decay of old age, but also in extending the average period of life in the mental hospitals themselves, and (*g*) to the influx of persons who, having broken down mentally abroad, return or are sent back and swell the numbers of the insane here.

It seems to us that these causes operate still, some to a greater and some to a lesser degree. The reductions in numbers which took place in the war years must be attributed to temporary conditions that have now passed. If the upward tendency of the numbers in residence is maintained, it is obvious that several County Councils will be bound by their statutory obligations to consider sooner or later how further accommodation can be provided.

The Insane in Poor Law Institutions.

420. We have in the earlier part of this Report recommended that the lunatics, idiots and imbeciles in the County Homes and other Poor Law institutions should be removed from these establishments. The disposal of these cases is not a separate problem to be considered apart from the question of the provision for the excess population of the mental hospitals. There is in every mental hospital a proportion of cases of the same class as is found in the county homes, that is, patients who do not require special medical attention and nursing. To what extent this class occupy accommodation in the mental hospitals is not easy to determine. We have inquired

[1] Supplement to 54th Report (1906), Cd. 3126.

of every medical superintendent whether a proportion of the patients in the mental hospital could not be maintained in Homes or Auxiliary Mental Hospitals. In no case have we received a reply in the negative, but some superintendents hesitate to reply in the affirmative without fuller knowledge of the character and equipment of auxiliaries. There is, however, considerable diversity of opinion as to the extent to which the mental hospitals are occupied by patients who could be provided for more economically in less highly organised institutions. A few superintendents are of opinion that a considerable number could be removed to institutions of the type of the auxiliary mental hospital at Youghal; others that only a small percentage, ten to fifteen. It is not, however, essential to determine exactly what is the proportion of such cases now in mental hospitals. We believe they form a substantial number, but even if they amount to less than twenty per cent. of the total number in residence their transfer to institutions of another type would set free all the accommodation that would be likely to be required for some years to come in the mental hospitals.

421. The number of lunatics, idiots and imbeciles in County Homes, District Hospitals, and the Dublin Workhouse on the 31st December, 1925, was 1872. In the Appendix we show how this number is distributed amongst the counties. About two-thirds of the insane inmates of the County Homes are cases of congenital mental deficiency, the remaining third being composed largely, though not altogether, of cases that are fairly tranquil and easily managed. In our visits to the County Homes we came across some noisy and unruly inmates classed as lunatics.

422. The condition of the lunatics in the old workhouses was never satisfactory. They were usually confined throughout the day in a small, bare, comfortless ward and the attendants in charge were generally without experience or training.[2] Their condition in the County Homes shows no improvement; it is, we consider, on the whole worse by reason of congregating in one County Home the insane inmates of several workhouses.

We have recommended that they be removed, and we shall consider what other provision should be made for them when we have examined by what measures overcrowding when it occurs in the mental hospitals can be relieved.

The provision of additional accommodation.

423. Under the law as it stands it is permissible in order to provide new accommodation (1) to separate from an existing joint district one or more of the constituent counties and form a new district and erect or provide a new mental hospital; (2) to enlarge an existing mental hospital either by adding to the present structure or by building detached or branch establishments; (3) to provide under section 76 of the Local Government Act, 1898, an auxiliary mental hospital for the reception of chronic and harmless patients, and (4) to board out patients in the workhouse.

1. *Division of Districts.*

424. As we have shown in our last chapter the original asylums served very large areas; Ballinasloe, for instance, served the whole province of Connacht, and the principal method by which new requirements were met in the half century after the passing of the Act of 1821 was by subdividing the districts from time to time and erecting new asylums.

The policy of dividing districts was apparently dictated by several considerations: the original large districts were inconvenient in days when easy means of communication did not exist, a circumstance which often led to people in the more distant parts not availing of the institution when the necessity arose or if they did avail of it the long distance practically prohibited visiting. It was also thought that a Board of Governors drawn from a single county would be likely to manage an institution better than a Board drawn from several counties, and lastly, there were apprehensions that the original asylums would grow to an unmanageable size unless districts were broken up as and when the needs of any county became great enough to warrant a separate institution. After 1869 new districts were not formed, the increasing numbers being provided for by expanding the existing institutions or setting up a branch asylum or an auxiliary asylum. In the last forty years proposals to divide districts have been put forward only in connection with two districts: Monaghan (comprising the counties of Monaghan and Cavan) and

[2] Report of Vice-Regal Commission (1906), p. 37.

Grangegorman (comprising Dublin City and the Counties of Dublin, Wicklow and Louth). In the former case it was proposed that Cavan be allowed to separate and set up a new institution, in the latter case, Louth. In neither instance was the necessary authority for separation obtained.

The reasons for the division of districts have no longer the same force as formerly. Means of communication are now much improved and there is no evidence to support the view that joint committees are not as likely to manage their institutions as well as the committees governing institutions serving a single county. There remains the objection to large establishments. Several of the mental hospitals (Ballinasloe, Cork, Grangegorman, Portrane, and Mullingar) have already grown to a size which, we think, make them difficult of management and must to some extent deprive patients of that individual attention to their needs, which is possible in the smaller establishments. But it is not, we consider, either necessary or expedient to divide the existing districts in order to meet the need for further accommodation.

In the earlier part of this Report when dealing with areas of administration under the poor law, we observed that the trend has been towards aggregating the older administrative units. Enlarged areas were found necessary in order to permit of better classification according to need. Similarly, with regard to provision for the insane it seems to us that better classification can be obtained in the larger area than in the smaller. The mental hospitals have to be at once curative hospitals and homes for the incurable who will require custodial care as long as they live. The true line of development, we think, lies in the direction of differentiating the classes that require different treatment, in giving to the cases of acute mental disorder whether of long or short duration all the medical and nursing treatment which may be necessary to restore them to health and in segregating those who do not require for their care fully-equipped mental hospitals or a large staff of attendants and nurses.

2. *Enlargement of the Mental Hospitals.*

425. The second method of providing additional accommodation that is, by additions to the existing mental hospitals as circumstances required, has been the principal method adopted in the last fifty years. In Grangegorman district a new establishment with all the necessary administrative offices was erected at Portrane; but this was the only instance where accommodation of this nature was provided. The additions were sometimes hospital sections where the sick and infirm were located, or, following the advent of newer ideas, where recently admitted cases were placed under observation and treatment or they were blocks or extensions for the accommodation of chronic cases.

We do not think, however, that it is a method that should be adopted now. We have mentioned the objection to large establishments, and we are satisfied that there should be a limit beyond which a mental hospital should not be extended. It has been suggested that 1,000 patients should be the maximum in any institution. Under a system which places the responsibility for supervision on the shoulders of one officer, the Resident Medical Superintendent, this number seems somewhat high. In the larger establishments the Superintendent must of necessity delegate some of his functions either medical or administrative and it seems to us supervision must be of a more general character than the regulations seem to contemplate. The mental hospitals in which congestion is most noticeable are almost entirely those that have already reached a size beyond which, in our opinion, it would not be wise to extend. In Ballinasloe, Cork and Grangegorman and Portrane, the number of patients exceeds 1,500. In Mullingar the number exceeds 1,000.

We are not, therefore, prepared to recommend that additions be made to any of these establishments. With regard to smaller mental hospitals (Carlow, Enniscorthy, Monaghan, Sligo), which are, in some degree, congested, we see no objections to additions to these hospitals on the ground of their size, but if the proposals which we shall make with regard to provision for chronic cases are adopted, it should be possible to relieve these establishments of portion of their present population, and so obviate the need for extension.

3. *The establishment of auxiliary mental hospitals.*

426. The third method is the provision of an auxiliary mental hospital. Under the 76th section of the Local Goverment Act, 1898, the council for a county may,

either by the exercise of their powers under that Act, or by taking over for the purpose any workhouse or other suitable building in possession of the guardians, provide an auxiliary lunatic asylum for the reception of chronic lunatics who, not being dangerous to themselves or others, are certified by the Resident Medical Superintendent of the mental hospital not to require special care and treatment in a fully equipped institution. The auxiliary may be a separate unit or a department of the mental hospital for the district.

Under the powers given by this section it was hoped that the insane inmates of the workhouse would be transferred to institutions under the control of the mental hospital committees.

There had always been a regular flow of workhouse inmates into the mental hospitals. In the decade before the Local Government Act of 1898 came into operation the number of such transfers varied from 13 to 19 per cent. of the total admissions—the lowest number in that period being 381 in the year 1891, and the highest, 667 in the year 1899. After the passing of the Act the rate of transfer was accelerated and in 1904 the maximum number of 1,010 was reached which was more than quarter of the total admissions in that year.

The population of the mental hospitals was thus augmented year after year by workhouse inmates, many of whom were senile cases, whose mental impairment was the result of a natural process of decay. In only one district were the provisions of the 76th section utilised.

In 1902–3 an industrial school at Youghal was taken over, altered, extended, and furnished as an auxiliary asylum at a cost of about £65 per patient. This was at the time regarded as a somewhat high rate of capital expenditure, but the original building was comparatively small and required extensive additions. There is reason to think that had a second auxiliary been set up for Cork, as was at one time contemplated and a workhouse utilised, the expenditure would not have reached this figure.

On our visit to Youghal we found the institution in excellent order and we were favourably impressed by what we saw. The administration is in charge of a religious community, ten in number, who are assisted by twenty-nine attendants, a farm steward, an engineer, and other subordinate officers. A visiting physician, who is a medical practitioner in the town of Youghal, attends daily. There were 410 patients in residence. The entire institution was in excellent order and compared favourably with some of the mental hospitals. The patients live under conditions which are far superior to those obtaining in any of the County Homes or the Dublin Workhouse. There is a farm of 23 acres, of which about 18 are under tillage. The cost of maintenance in the year 1924-25 was at the rate of £34 0*s*. 3*d*. a year per patient as compared with £51 2*s*. 0*d*. the average cost for all the district mental hospitals in the same year.

427. The establishment of the auxiliary has, we consider, been attended with advantage both to the patients and the ratepayers, and, in our opinion, the establishment of additional auxiliaries offers a means at once satisfactory and economical of providing for the insane inmates at present in the County Homes and obviating the need for further expensive additions to the district mental hospitals. For a proportion of juvenile defectives in the County Homes who are educable in some degree, other provision will be necessary, so that they may be trained to look after themselves and work under supervision. To this we shall return when we come to deal with mentally defective children.

428. There is considerable variation in the numbers in need of provision in each district. In Grangegorman district there are 333 mental defectives in Poor Law institutions needing provision, apart from the surplus population of the mental hospital, whilst in Portlaoighise District, that is in the counties of Leix and Offaly, there are only 42 defectives in the County Homes. It is not necessary and would not be economical for each district to establish an auxiliary mental hospital. In Grangegorman and Cork the excess patients in the mental hospitals and the numbers in the County Homes are large enough to warrant an auxiliary in the former and a second auxiliary in the latter district, but elsewhere we recommend that the existing districts, except Tirconaill, be combined into four new districts and that an auxiliary mental hospital be provided in each. In Tirconaill new provision is not required ; there is ample vacant accommodation in the mental hospital at Letterkenny for all the insane poor of the county.

We shall now consider what mental hospital districts can be most conveniently joined.

In Connacht there are 348 cases in lunatic wards of the county homes, and the mental hospitals at Ballinasloe and Sligo are overcrowded. We propose that an auxiliary mental hospital, of about the same size as Youghal, be established in the disused workhouse at Claremorris, which lends itself to adaptation and, if necessary, extension.

In the counties of Clare, Limerick and Kerry there are over 400 insane inmates in the County Homes. For these we propose that an auxiliary mental hospital be provided in the old Limerick Workhouse, part of which is at present used as the Borough Home.

There were on our visit to this Home less than 400 inmates altogether in buildings which could accommodate over 1,000. It would be feasible to set apart all the accommodation that is required for the insane who are at present in the County Homes of the three counties mentioned.

In the districts of Carlow, Clonmel, Enniscorthy, Kilkenny, Portlaoighise, and Waterford, there are altogether 384 inmates in the County Homes. These might be provided for either in the old Clonmel Workhouse, which is only occupied to a small extent by the district hospital, or in the old Carlow Workhouse. Clonmel Workhouse, we think, would be preferable; it is in a good state of repair, in an open healthy position with about 40 acres of land attached and adjoins the district mental hospital.

In the remaining districts, Mullingar and Monaghan, which comprise the counties of Longford, Meath, Westmeath, Cavan and Monaghan, the number of insane inmates of the County Homes is 136, which is comparatively small; but in these two districts both the mental hospitals are overcrowded, Mullingar to the extent of 200 patients, and Monaghan by about 70. Accommodation would, therefore, be required for about 400 patients. We are not aware of any suitable existing public building in a convenient situation in this district which could be used as an auxiliary mental hospital. In the absence of fuller knowledge we hesitate to make any recommendations. The disused workhouses at Bailieborough, Clones, and Cootehill suggest themselves, but we see objections of position, size or condition. No building should be adapted which does not lend itself to the purpose of an auxiliary without heavy expenditure. Extensive and costly alterations and additions are to be deprecated; we would see no advantage in using an old building if the cost of conversion is to be nearly as great as the erection of a new modern building.

The old North Dublin Workhouse premises which adjoin the Grangegorman Mental Hospital could, we consider, be adapted to meet the necessity for new accommodation in the Grangegorman district. In Cork additional accommodation can be found in the workhouse at Youghal. If a suitable building could be found in the western side of County Cork we would see no objection to the new auxiliary being established there instead of Youghal, but we are not aware of any such building.

429. The administration of the new institutions will, it is contemplated, be under the control of joint bodies composed of members nominated by the several committees of management of the mental hospitals of the district. Under our proposals the Boards of Health and Public Assistance will have no functions with regard to the care and maintenance of the insane.

The staffs of the auxiliary mental hospitals should be organised on an altogether more modest scale than obtains in the district mental hospitals. Each auxiliary would be placed under the superintendence of a Matron, who should be a trained nurse of wide experience and mature judgment. If, following the precedent at Youghal, the auxiliary was put in charge of a religious order the management would, of course, be in the hands of the superior of the community. There would be no resident medical officer, but a visiting physician would attend daily.

The subordinate nursing staff might consist largely of female attendants. There will be in the auxiliaries no violent, dangerous or suicidal patients and it does not seem necessary to follow the tradition of having only male attendants in the male wards.

430. It may be objected that the establishment of an auxiliary mental hospital for groups of counties will result in patients being removed long distances from their friends and relatives.

We have made enquiries as to the extent to which patients of the class it is proposed to place in auxiliary mental hospitals are visited and we learn that these patients are, on the whole, rarely visited. Very little hardship to the patients or inconvenience to their friends would, therefore, arise by reason of provision being made for them outside the county they belonged to.

4. Maintaining patients in poor law institutions under contract.

431. The fourth method of providing accommodation, that is, by boarding patients from the mental hospitals in poor law institutions, can be dismissed briefly. This method, which was first sanctioned in 1875 by section 9 of the Lunatic Asylums Act of that year, was never regarded as a satisfactory way out of difficulties in regard to accommodation. The object of the section was to utilise the unused accommodation in the workhouses. As our proposals if adopted will involve the removal of the insane altogether from poor law institutions, we see no reason for retaining the section on the statute book, and, therefore, recommend that this power be not re-enacted in any new legislation.

Observation Wards.

432. Having considered the means of relieving overcrowding and providing further accommodation under the law as it stands or as it might be extended on existing lines, we now turn to other measures which have not yet received legal recognition but which seem to us worthy of adoption in order to reduce the pressure on existing accommodation.

A majority of the patients discharged as recovered from the district mental hospitals are patients whose length of residence is less than six months. The following shows the length of residence, in three periods, of patients so discharged in the three years ended the 31st December, 1925.

Table showing the length of residence in district and auxiliary mental hospitals of patients discharged recovered in the years 1923, 1924, and 1925 :—

Year	Length of Residence			Total Recoveries
	3 months and under	3 to 6 months	Over 6 months	
1923	298	250	457	1,005
1924	279	269	411	959
1925	323	262	365	950
	900 (30.9%)	781 (26.8%)	1,233 (42.3%)	2,914 (100%)

It appears from these figures that each year a large number of persons enter the mental hospitals whose disorder is of comparatively short duration. Many of these patients never return, but unfortunately, owing to the unenlightened ideas with regard to mental disease which linger in the public mind, such patients cannot altogether escape the stigma which attaches to those who have been detained under certificate.

A proportion of the patients who are discharged every year after a short stay in the mental hospital could, we believe, be treated in general hospitals in the same manner as other sick persons and admission to the mental hospital would in their cases be obviated.

433. In connection with the treatment of such patients our attention has been drawn to the satisfactory results which have been attained in Scotland. We take the following interesting account of the origin and development in that country of Hospital Wards for the insane from the Report of the General Board of Control for Scotland for 1925 :—

> In 1890, the Parish Council of Glasgow inaugurated Hospital Wards for the treatment of incipient forms of mental disease and temporary states of mental disorder. The success of these special wards was so marked that when the new Hospital at Duke Street was opened two special wards, each containing 25 beds, were set aside as Mental and Observation Wards.
>
> The example of the Parish Council of Glasgow was followed by the Parish Councils of Govan, Paisley, and Dundee, and with the object of preventing any possible abuses or irregularities in these wards, clearly defined Regulations for the conduct of Observation Wards were drawn up after consultation between the Scottish Board of Health and this Board. These Regulations deal with such matters as sufficiency of space, the adequacy of the medical and the nursing staffs,

the institution of registers and the duration of residence (which was limited to 6 weeks except in special cases where permission for a longer residence was granted). It was further arranged that the Medical Commissioners of the Board should inspect these wards at regular intervals and report on their state.

In 1924, the question of increased Asylum accommodation for Glasgow arose, and, in seeking to avoid the erection of large institutional buildings, it was decided, with the concurrence of the Board of Health, to open Observation Wards at the General Hospital at Stobhill. Four wards, each accommodating 20 patients, were then set aside for the treatment of all cases of incipient, temporary and unconfirmed mental disorders arising in Glasgow parish.

The maximum duration of residence, which was fomerly limited to a period of 6 weeks, has been extended to 6 months. The wards at Stobhill differ in no respect from the other wards of the Hospital, and the arrangements are conceded by those competent to judge to equal in all respects those of any large general hospital.

It is interesting to note that, in consequence of the institution of the Observation Wards the erection of a third asylum for the Glasgow District Board of Control has meantime been avoided, and the advantages which have been gained by the hundreds of patients who, as the result of their treatment in Observation Wards, have not required to enter asylums is immense. Through the prevention of complete mental breakdown many have been freed from that anxiety and fear which too often clings to patients who have had to be sent under certificate to an Asylum.

The value of these Observation Wards is shown by the fact that, though they have available only 160 beds, in the course of the year under review, 1,176 patients were admitted, 611 were discharged either as recovered or improved, and 383 or less than 33 per cent. required to be certified and sent to Asylums.

In addition to supervising the Observation Wards at Duke Street, the certifying Physician for the Glasgow parish visits the general Dispensary and is consulted by mental cases attending the Dispensary. This outdoor Dispensary is not the only one in Scotland, as there has for many years been such a Dispensary at the Western Infirmary of Glasgow, for which the Physician-Superintendent of the Glasgow Royal Asylum and his assistants are responsible, and it is proposed to establish a similar Dispensary in association with the Royal Infirmary of Edinburgh with facilities for patients who so desire obtaining advice and treatment from the medical staff of the Royal Edinburgh Asylum.

434. We see no insuperable difficulties to the establishment of similar hospital wards in the Saorstát or to the establishment of dispensaries for out-patients with which medical officers of the mental hospital would be associated and through which they would be brought into contact with patients at a stage when treatment might be more hopefully undertaken.

It would obviously be prudent to begin where the conditions are favourable that is, in Dublin and Cork, and when by practical experience the value of this method of treatment was proved, similar provisions could be made in other districts at the County Hospitals or County Infirmaries. We, therefore, recommend that the mental hospital committee be given power to provide for the temporary treatment in approved institutions of persons suffering from mental disorder on such terms as may be arranged by the Committee with the approval of the Minister. The patients in these wards would not be certified before reception, but would be received on the recommendation of a medical practitioner, who would be required to support his recommendation by a statement that he had examined the patient and considered his mental condition was such that temporary treatment was likely to benefit him.

Boarding-out.

435. The Lunacy Acts contain no provisions authorising the boarding-out of the insane, and, therefore, no experiment in this direction has heretofore been possible. Whether a system of boarding-out could be successfully established is a question on which opinion is divided. Success would largely depend on the manner in which it would be worked, on the kind of guardians who could be got to receive patients, and on the attitude of the community. Where the local authority are prepared to try boarding out, we think, it should l e permitted under the safeguards as to inspection which have been found necessary in other countries. It would be prudent in the beginning to board out patients only in the neighbourhood of the mental hospitals where they could be visited at intervals by the medical officers and also seen by the inspector on his visits, a mode of boarding out followed in some continental countries.

Absence on probation.

436. Further use should also be made of the power to discharge patients on probation. At present a mental hospital committee can allow a patient to be absent on probation for not more than thirty days and make an allowance not exceeding the cost of the patient in the institution. This power is used only to a small extent and,

as a rule, allowances are not made. The resident medical superintendent should be given power to discharge on trial and the maximum period of absence should be extended from thirty days to six months or even a year. The government grant should be payable in respect of a period of absence on probation for which an allowance had been made.

Charitable Institutions for the Insane.

437. In addition to the public institutions there are four establishments private in origin but of the nature of charitable foundations for the reception of insane persons. These four establishments are : St. Patrick's Hospital, Dublin, of which there is a branch at Lucan (St. Edmundsbury) ; St. Vincent's Institution, Fairview, Dublin ; Stewart Institution, Palmerston, County Dublin ; and Bloomfield Institution, Morehampton Road, Dublin. The distinction between these houses and private mental hospitals is that they are not conducted for private profit and, therefore, do not require to be licensed under the Private Lunatic Asylums Act, 1842.

We visited all these establishments and found them in good order, and in each the patients appeared to be properly looked after. They accommodate altogether 514 patients, including 124 idiots and imbeciles in Stewart Institution.

The number of free patients maintained is negligible, but they receive patients at less than the cost of maintenance and make up the deficiency out of endowments, subscriptions, legacies or from the surplus derived from patients paying higher rates. They, therefore, render a useful service in maintaining patients who could not afford to go to private mental hospitals and whose relatives do not wish to place them in the district mental hospital. Stewart Institution has a division devoted to juvenile defectives.

Our reference does not extend to private mental hospitals, but any new legislation amending the lunacy acts must, we think, deal with both public and private establishments. The power to license mental hospitals should be transferred from the Circuit Court to the Minister for Local Government and Public Health, who should have power to make regulations for the management of these houses. All private establishments should be licensed, but charitable or benevolent institutions should be exempt from license duty. These latter institutions should, however, be required to submit to the Minister an abstract of their accounts in such form as may be prescribed showing the income and expenditure, the cost of maintenance, the number of patients maintained, distinguishing between those who pay full cost and those who pay less than average cost.

Accommodation for Mentally Defective Children.

438. The Poor Afflicted Person Relief (Ireland) Act, 1878, gave power to the Guardians of any Union to send, with the consent of the Local Government Board, an idiot or imbecile pauper to the workhouse of any other Union or to contract for the maintenance of such person in any public or licensed establishment for the relief of idiots and imbeciles at a cost not exceeding five shillings a week.

439. No workhouse was ever set apart for these classes and until recently the only establishment for the care of these idiots and imbeciles was the Stewart Institution at Palmerston, County Dublin.

Each County Scheme (Article 15 (iii)) gives power to the Board of Health to provide for the reception, maintenance, education or treatment of any person in the County eligible for relief in any institution not provided or maintained by the Board but approved by the Minister and to pay the expenses of maintenance, education or treatment therein.

This Article fixed no limit to the sums that can be paid and, therefore, a Board of Health is able to contract with the managers of any approved institution for the reception and maintenance of idiots and imbeciles and pay such sums as they think fit.

440. We have already referred (Para. 351) to the step which has been taken to meet the need that undoubtedly exists and to which attention has been called on many occasions for further provision for the training and education of mentally defective children.

In 1926 the Sisters of Charity of St. Vincent de Paul undertook, in consultation with the Commissioners for Dublin Union, the establishment of a School and Home

for Catholic children. For the purpose they rented the old workhouse school buildings at Cabra, County Dublin, and opened St. Vincent's Home.

There were in the Home on the 31st December, 1926, 118 inmates (72 from Dublin Union, 20 maintained by County Boards of Health, and 26 privates cases.) It will be seen that at present the Home caters principally for children from Dublin Union. There were on the same date 51 idiot and imbecile children in the county homes.

441. The Boards of Health should be encouraged to avail of the accommodation for mentally defective children that now exists. The only difficulty that arises is on the question of cost. At present whilst there is a government capitation grant in respect of lunatics in district and auxiliary mental hospitals, there is no grant towards the maintenance of mentally defective children unless they are placed in the mental hospitals,—institutions which were not intended for them. If a government grant of half the net cost of maintenance were made it would be reasonable and, we think, sufficient inducement to the local authority to send these children to those who were fitted to train them. We recommend that such a grant be made.

442. Mentally defective children who are at present in the care of public authorities only form a small proportion of the total number of this class in the population. No data exist on which an exact estimate of the total number or the number needing provision can be based ; but it may be reasonably anticipated that much larger numbers than at present will come within the purview of the local authority if the power to utilise special institutions is freely used, as we think it should be.

Where the parents of a mentally defective child are unable by reason of the expense to make provision for the education or for the proper care of such child we recommend that the Board of Health be empowered with the consent of the parents to send the child to an approved institution and to pay the expenses of maintenance or join with the parents in paying the expense, subject to the condition that the child can benefit by the training.

443. From the evidence we received from Dr. G. H. Keene, the Medical Superintendent of Stewart Institution, it appears that by reason of the high percentage of idiots and low grade imbeciles as compared with improvable cases that have been received it has become increasingly difficult to attain the object for which the Institution was established, that is, the training and education of defectives. The original idea of training has, in the words of this witness, "entirely disappeared during the last twenty years, and Stewart Institution is an asylum for the most hopeless cases." Patients received as children are retained as adults, and we find that out of 126 cases in residence on 31st December, 1926, only 54 are under 19 years of age (including 27 under 14 years).

444. We do not propose that children sent by the local authority to a special institution shall be retained indefinitely in the institution. The training side of the work must be kept uppermost, and, we think, that no child should be retained in a training establishment at the public expense beyond the time when improvement in his or her condition cannot be effected. The boy or girl should then be either returned home or transferred to the auxiliary mental hospital of the district from which he or she was sent. Where the numbers would justify it the auxiliary mental hospital should have a department for cases of congenital mental deficiency.

445. All children sent to approved institutions for mental defectives should be sent on the certificate of a medical officer of the Board of Health stating the mental condition of the child and that it is likely to derive benefit from training.

446. Approved institutions for defectives should be visited and reported on by the Inspector of Mental Hospitals. The Minister should be empowered to make regulations as to the good management of such institutions; the instruction and employment of patients in suitable occupations ; the admission, transfer to other public institutions or discharge of patients ; the absence on leave of patients and as to such other matters as may be necessary to ensure that the institutions are well managed and the patients properly maintained and cared for.

CHAPTER XIII.

ADMISSION, DETENTION, AND DISCHARGE.

The Regulations.

447. The Committee of Management of a mental hospital can, with the approval of the Minister, make regulations for the admission, detention and discharge of patients [1] and regulations have been made by all such committees with three exceptions.[2] Where regulations have not been made the Privy Council Rules (See Paras. 370 and 399) are still in force.[3]

The regulations drawn up by the several committees so far as they relate to the admission, detention and discharge of patients, do not differ from each other, and are substantially the same as the Privy Council Rules. We can, therefore, deal with them as if they were a single code.

Before considering the regulations we must refer to the power which section 9 (6) of the Local Government Act, 1898, gives to the local authority to lay down the conditions under which persons may be detained.

448. For the public safety and for the proper care and treatment of insane persons the law allows their liberty to be infringed and it affords protection to those who undertake their detention and treatment. The conditions to be complied with to render detention valid should, we think, be laid down by statute or in general orders of the central authority. It is not a matter that ought to be dealt with in local bye-laws or regulations, and we, therefore, recommend that the forms of certificates, declarations, and other documents required in connection with the admission, detention and discharge of patients should be prescribed by the Minister if not laid down by statute. The power to make regulations for the good management and government of the institutions would, of course, still rest with the committees.

Admission Procedure.

449. Before a patient can be admitted under the regulations a prescribed form must be filled up. There is one form (D) for free patients and one (E) for paying patients. The only other admission form (F) prescribed by the regulations is used for the temporary admission of soldiers who become insane whilst on service.

450. Form D is an application or petition addressed to the Committee of Management or the Resident Medical Superintendent by a relative of the patient or other responsible person. It contains a declaration that the person whose admission is desired is of unsound mind, is destitute, having no funds out of which his maintenance could be met wholly or in part, and has been resident in the district for a stated time; a statement of particulars; a medical certificate, a recommendation by a Peace Commissioner, and an undertaking generally given by the person making the application to remove the patient if so required.

The Peace Commissioner must read the medical certificate and before making the recommendation must be satisfied that the patient is of unsound mind and a proper person to be taken charge of and detained under care and treatment. It is not essential that the Peace Commissioner should see the patient.

If the case is urgent and the form is in order, the resident medical superintendent can receive the patient pending the decision of the Committee at their next meeting or he can defer the reception of the patient until the committee consider the application. As a rule patients are admitted at once, but in a few institutions it appears to be the practice to hold over applications until the committee meet. The resident medical superintendent should, we consider, have power to admit any suitable case, whether urgent or not, pending the decision of the committee.

451. The paying patient, Form (E), differs from the free patient form only

[1] Local Government Act 1898, section 9 (6).
[2] The exceptions are Carlow, Castlebar and Mullingar Mental Hospital Committees.
[3] Local Government Act, 1898, section 110 (2) (*b*).

in having two medical certificates and an undertaking to pay. There is, of course, no declaration of destitution.

452. The procedure we have outlined has been criticised on several grounds, which may be summarised as follows :—The medical certificate may be founded only on facts communicated by others and not observed by the certifying medical practitioner; the Peace Commissioner is not bound to see the patient; it is anomalous that one certificate only is required for a free patient and two for a paying patient; the "destitute" patient or his relatives must bear the cost of removal and certification; there is no limit of time between the date of certification and the date of admission; and finally that the forms and procedure are cumbersome. We shall take these criticisms in the order mentioned.

453. The medical certificate should, we think, be based, if possible, on facts observed by the certifier at the time of examination, but we are not prepared to recommend that a certificate which does not disclose such facts should be invalid. The medical man may have no doubt from the information communicated to him by others that the person he is called on to examine is insane; but he may find difficulty in setting down specific facts observed by himself at the time of examination indicative of insanity.

454. The Peace Commissioner is not bound to see the patient. This appears to us a defect in the procedure. We think every patient should be seen by the Peace Commissioner before he signs the recommendation and that the form should record that the patient has been seen.

455. With regard to the different forms for free and paying patients, we propose that a single form be used instead of Forms D and E. The number of cases received on Form E is few; in some institutions, especially those serving the poorer counties, the form is rarely used. Our recommendation that the Peace Commissioner see the patient before reception will add to the safeguards against improper detention, and we have, therefore, less hesitation in recommending that the second certificate be dispensed with in the case of paying patients.

It will be necessary if one form for all cases is adopted to amend the present declaration. This declaration runs :

> . . . . . and that the said A.B. is destitute, having no funds out of which his maintenance can be met wholly or in part and having no friends who are willing or able to support him in a private or other mental hospital.

We would omit this declaration but retain a statement as to the means of the patient and as to the contribution which will be forthcoming from the patient's estate (if any) or from his relatives or friends.

456. At present the expenses of certification and removal to the mental hospital must come from private sources unless the patient is committed as a dangerous lunatic or is at the time of certification in a poor law institution. We have shown (Para. 387) that one of the effects of the failure to make due provision for meeting the cost of certification and removal of poor persons is that many are committed as dangerous lunatics after a quasi-criminal procedure. We recommend that in the case of poor persons who become insane and whose relatives are not in a position to pay for the means of conveyance or the medical certificate that it be the duty of the Home Assistance Officer to arrange for examination and certification and for transfer to the mental hospital either by one of the county ambulances or other conveyance.

457. No patient should be received on a medical certificate which is dated more than seven days prior to the date of reception.

458. With regard to the complaint that the present procedure is cumbersome, it should be borne in mind that the simplification of procedure so that it would become an easy matter to place a person in a mental hospital is not to be aimed at. Committal to a mental hospital is a step, having regard to its consequences to the patient, which should only be taken after full deliberation. The amended procedure we propose will, we think, ensure the necessary deliberation and, at the same time, not unreasonably retard the removal to the mental hospital of patients who stand in urgent need of care and treatment. Whilst we suggest that some of the obvious defects of the present forms be corrected we have avoided multiplying safeguards against improper detention. The procedure as laid down in the regulations has in practice worked well, and we are not, therefore, disposed to alter it radically but rather to extend it, so as to bring within it the great

majority of the cases that come into the mental hospitals as dangerous lunatics under the Lunacy Act, 1867.

459. In 1925 the number of patients committed to the mental hospitals as dangerous lunatics was 1,689 out of a total of 2,584 admissions. Of the remainder, 884 were admitted under the statutory regulations, 8 were transferred from prisons, and 3 transferred from the Central Asylum, Dundrum.

460. In the committal of a dangerous lunatic under the Act of 1867, the procedure is as follows:—An information is sworn before a District Justice or two Peace Commissioners, and the alleged lunatic is arrested and on it being proved that he was discovered under circumstances denoting a derangement of mind and a purpose of committing an indictable crime the dispensary medical officer is called in and if he certifies after examination that the person apprehended is a dangerous lunatic or idiot the lunatic is committed to the mental hospital by an order or Warrant which is usually executed by the Gardai Siochana. The Peace Commissioners or the District Justice can fix a sum not exceeding two pounds as remuneration for the medical officer's services and other expenses and make an Order for payment by the Board of Health and Public Assistance or the Board of Guardians.

461. In tracing the history of lunacy legislation, we pointed out that the purpose of section 10 of the Act of 1867 was to prevent lunatics being sent to prisons, and that patients who are not in any sense dangerous are brought within the scope of the Act.

462. The evidence of a purpose of committing an indictable crime as shown on the warrants is sometimes of the slenderest description, *e.g.*, "wandering," "talking incoherently." The whole procedure is beset with pitfalls, and there are many openings for making slips, any one of which may invalidate the warrant. As already stated, the main reason why it is resorted to in a large number of cases is because it is the only method by which the expenses of certification and removal can be met from public funds. With an alternative available which will meet the needs of the poor in this respect, we anticipate that the necessity for resorting to this procedure will disappear.

463. In order to provide for the case of a person deemed to be of unsound mind and not under proper control and who has no relative or friend who will take the necessary steps to have him sent to a mental hospital, a Garda Siochana or a Home Assistance Officer should be given power to apprehend such a person, have him medically examined and brought before a Peace Commissioner and, if certified insane, to convey him to the mental hospital. It should be arranged that, if necessary, persons so apprehended be lodged temporarily in the nearest county or district hospital or county home pending removal by means of the county ambulance service to the mental hospital.

Voluntary Patients.

464. For over thirty years voluntary admissions to the private mental hospitals have been permitted. A person who desires to enter of his own free will is required to make application to the Inspector of Mental Hospitals. The Inspector's consent to residence on this footing is given on condition that the applicant enters of his own free will and is permitted to leave at any time on giving reasonable notice. Such patients are not certified before admission. One hundred and one persons entered the private mental hospitals as voluntary patients in 1925, and of these in only six cases was it necessary to resort to certification during the year.

465. We recommend that voluntary admissions to the district mental hospitals on conditions prescribed by the central authority be made lawful. The resident medical superintendent should be empowered to receive a patient willing to submit to treatment on a written application, and subject to the approval of the committee at their next meeting. Each person admitted should be certified by the superintendent as suitable for reception on this footing by reason of his or her condition. It should be open to a voluntary patient to leave on giving three days' notice.

466. By establishing a system of voluntary admissions, persons in the early stages of mental disorder would be encouraged to seek treatment at a time when it can be given with the greatest advantage.

There can be no doubt that the objection to certification and to the idea of detention leads to the postponement of skilled advice and treatment until the patient becomes obviously certifiable.

The presence of voluntary patients would, we think, help in developing the curative function of the mental hospitals and in bringing about a healthier public attitude towards these institutions.

Protection to persons acting in connection with the reception of patients.

467. We recommend that the law relieve Peace Commissioners, medical practitioners, and all persons giving certificates and making orders in connection with the reception of patients into mental hospitals from liability to legal proceedings if they act in good faith and with reasonable care. Such protection is not expressly given in the lunacy acts at present.

Detention and Discharge.

468. The admission form or warrant on which a patient is admitted remains in force until he dies or is discharged. The patient cannot be removed by the person on whose petition he was admitted if the committee on the advice of their medical officers consider he is not fit to be at large. This veto possessed by the committee is useful, and we do not think the relatives or the petitioner should have a right to remove a patient if it cannot be done with safety to the public or the patient. Every year a great many patients are discharged who are relieved but not recovered, and difficulties more often arise from the unwillingness of relatives to receive patients who are considered fit for leave on probation than from relatives who desire to remove patients unfit for discharge.

Patients are usually discharged under an order of the committee on a certificate of the resident medical superintendent stating the mental condition of the patient. The Chief Justice and the Inspector of Mental Hospitals have also power to discharge patients, but the exercise of this power by the former is normally confined to chancery patients and by the latter to patients awaiting discharge when a meeting of the committee is not held at the stated time and to patients certified between meetings as fit for immediate discharge, and to patients found on visitation not to be certifiably insane.

It has been suggested to us that it should be possible for discharge to take place on the certificate of two medical officers of the mental hospital, such discharge to be confirmed by the Committee at their next meeting. It is doubtful if this power would be welcomed by all resident medical superintendents. At present if the immediate discharge of a patient is desired it can be authorised by the Inspector without waiting for a meeting of the Committee. It tends to smoother relations between the superintendent and the patients when the latter know that the power of discharge rests with the committee or an outside authority.

We have already referred to the power to grant leave of absence on probation. Fuller use might be made of this means of testing the suitability of patients for a return to normal life. In the visitation of each mental hospital the Inspector should make inquiries as to the extent to which the committees avail of their powers in this respect.

After-care.

469. At present there are no voluntary associations in the Saorstát concerned with the after-care of patients discharged from mental hospitals. There is scope for philanthropic effort in this direction, and we would earnestly commend this work to our existing charitable organisations. It is often difficult for a patient without friends or means to establish himself in the world again after a period of residence in a mental hospital. Friendly help at the time of discharge and afterwards could be a potent means of preventing relapses. We would see no objection to such work if undertaken being assisted from public funds.

Criminal Lunatics.

470. On the 1st January, 1927, there were 205 patients classed as criminal lunatics in the district mental hospitals. The Government has undertaken responsibility for all persons who are legally criminal lunatics and defrays the cost of maintenance of such persons.

A criminal lunatic may be described shortly as a person who is removed to

a mental hospital by order of the Minister for Justice ; he is not necessarily a person who has been found guilty of an offence. He may have been found by a jury insane on indictment; or guilty but insane at the time of committing the offence; or certified insane whilst under remand or awaiting trial; or a prisoner who had become insane whilst serving his term of imprisonment.

It was apparently at one time intended that all criminal lunatics would be accommodated in the central asylum at Dundrum[4]; but in practice the Dundrum establishment is reserved for those charged with or convicted of grave offences.

No complaints arise from the placing of persons legally classed as criminal lunatics in the same institution as other insane persons and we see no objection to the practice.

We consider that new legislation should provide for the periodical review of the cases of persons classed as criminal lunatics. An annual report should be made by the Resident Medical Superintendent on the condition and circumstances of every criminal lunatic and the Minister for Justice should determine whether he ought be discharged or, if the patient is not considered fit for discharge, whether the history and circumstances of the case would justify steps being taken to have the patient's name removed from the list of criminal lunatics.

On a patient classed as a criminal lunatic ceasing to be so classed, the Minister should have power to direct his transfer to any other mental hospital.

[4] See Section 8 of 8 and 9 Vic. cap. 107.

CHAPTER XIV.

THE LOCAL AND CENTRAL AUTHORITIES UNDER THE LUNACY ACTS.

The powers of the Committees of Management of District Mental Hospitals.

471. In an earlier chapter (XI.), in giving an account of the development of lunacy administration, it was seen that down almost to the opening of the present century the management of the asylums was controlled by the central authority. The Lord Lieutenant in Council decided what new asylums should be erected, nominated local Boards of Governors to manage the asylums in accordance with a code of rules that applied to all such institutions and determined the staffs and their salaries and wages. The resident medical superintendents were appointed by the Lord Lieutenant, the other officers were appointed with his approval by the the Boards of Governors. The subordinate staffs (attendants, nurses, etc.) only were appointed by the Boards of Governors without reference to the central authority.

472. It was also seen that this system of central control underwent a radical change on the Local Government Act of 1898 coming into operation. The obligation to provide and maintain accommodation was by that Act cast on the county or county borough councils. The management of the asylum, the appointment of officers, and the regulation of expenditure now rested with the county council, acting through a committee of management appointed by them for the purpose.

473. The powers given to the committees of management by the Act of 1898 with regard to their officers have within the past five years undergone modification. By section 15 of the Local Government (Temporary Provisions) Act, 1923, it was provided that the Minister should have the same powers over the officers and employees of any local authority to whom the section was by Order applied as he had with respect to Poor Law officers. All the higher offices in the mental hospitals have been brought within the section. The present position is, therefore, that such officers cannot be appointed or removed or their salaries fixed or altered without the Minister's approval.

The Local Authorities (Officers and Employees) Act, 1926, in establishing a Commission for the purpose of selecting persons to be appointed to certain situations under local authorities has also modified the powers of the committees of management with regard to the appointment of officers.

474. The principal authority in the management of the mental hospital is now the committee appointed by the county council. The committee's term of office is only three years, and it not infrequently happens that the membership of a committee is completely changed at the end of that period. It is very difficult, therefore, to secure continuity of policy with regard to management. Before a committee have time to get a grasp of the business the end of their term of office is in sight. This drawback, incidental to our system of local government, could be obviated in some degree by the County Councils making only such changes in the personnel of the committee as cannot be avoided, but we think it should be open to the County Council, if they think fit, to act through a paid official instead of a committee. We have recommended (Paras. 282 to 287) the abolition of the Board of Health and the assumption by the County Council itself of the control of poor relief through a paid official. The Council should, we consider, have power to transfer to this official the duty of administering the mental hospital. He would be responsible directly to the County Council or, in the joint districts, to a body representing the several councils. This officer would take the place of the committee of management. His functions would not extend beyond those of the committee, nor would he take into his hands any of the duties which at present devolve on the resident medical superintendent. He would report to the County Council at least once in every year on the accommodation provided, the state of the patients, the expenditure, the conduct of the officers, and cognate matters in connection with the management.

If the County Council appoint a paid officer to manage the mental hospital, we recommend that they should be required to appoint at the same time, partly from amongst their members and partly from persons who are not members of

their body, a visiting committee, which would have power to visit and inspect every part of the mental hospital, see every patient, and report to the County Council on the state of the institution and whether the patients are properly maintained and cared for.

It would be necessary for the County Council to regulate the method and manner of carrying out such inspection.

The travelling expenses of the members of the visiting committee should be recouped out of mental hospital funds and the clerk of the mental hospital should, if required, act as clerk to the Committee.

The Resident Medical Superintendent.

475. The prinicpal criticism of the present system of management of the mental hospitals is connected with the position of the resident medical superintendent. Under the regulations, the superintendent is charged with the entire management. He is at once the chief medical officer and general manager of the institution. He is responsible for the treatment and well-being of the patients and it is his business to see that the officers acquit themselves of their duties. He is, or should be, the channel through which the committee deal with their staff, and on him depends largely the successful management of the institution. In a small, compact hospital, with five or six hundred patients, it should be possible for the superintendent to fill the dual role of physician and administrator; but in the larger institutions where the number under care falls between one and two thousand the difficulty arises of giving adequate attention to both medical and administrative duties.

476. To meet the difficulty some committees have turned to the alternative of separating medical from non-medical functions and transferring the latter to an independent lay manager. We understand that in one mental hospital the experiment was tried, but not successfully.

We do not think this alternative practicable. In our opinion, there should be one responsible officer in control under the committee, and that officer should be the medical superintendent. If the detailed supervision which the regulations contemplate is beyond the power of one officer relief should be found by delegating some of the existing duties without impairing his authority.

477. It is of the utmost importance, therefore, that an officer who is placed in the important post of resident medical superintendent should possess not only special medical qualifications but should also have given promise whilst a junior officer of efficiency as an administrator. The statutory qualifications at present are that he should have served five years as a medical officer in a mental hospital and that he should be a registered medical practitioner of seven years' standing. The natural tendency of each committee has been to appoint the assistant medical officer of their own institution, provided he complied with the statutory requirements. It would, we consider, be in the public interest that there should be a free flow of promotion throughout the whole service. Vacancies in the office of resident medical superintendent should be thrown open to every qualified officer, and it seems to us that this is a case in which the machinery which the Local Authorities (Officers and Employees) Act, 1926, contemplates for the selection of candidates for offices requiring professional experience might be utilised.

The recruitment of attendants and nurses.

478. In the evidence given by the Irish Mental Hospital Workers' Union, on behalf of the attendants and nurses in that association, it was suggested that in order to provide for the proper care of the patients, at least half of the staff should be qualified mental nurses. By qualified mental nurse is generally understood a nurse in possession of the certificate of the Medico-Psychological Association, an unofficial body which has for many years been conducting examinations. Mental nurses can, however, now be registered in a Supplementary Part of the Nursing Register, and no doubt in course of time the evidence of training will be registration.

479. We agree that a properly trained staff of nurses is necessary. Facilities for training should, therefore, be available in every mental hospital, and no nurse should be recruited to the staff who is not capable of taking advantage of the instruction given. If, as is the practice in a few mental hospitals, permanent appointments were not made until a satisfactory period of probation has been

served, and evidence of training obtained, there would be a gradual increase in the proportion of trained to untrained nurses, and ultimately all nurses would be trained.

Central Authorities.

480. There were formerly six central authorities concerned with lunacy administration (The Lord Lieutenant, the Lord Chancellor, the Privy Council, the Local Government Board, the Board of Control, and the Inspectors of Lunatics). Since the year 1898 these have been reduced to two, viz., the Minister for Local Government and Public Health, in whose department the Office of Inspectors of Lunatics has been merged, and the Chief Justice, to whom was transferred the jurisdiction in lunacy formerly exercised by the Lord Chancellor.

481. We have already (Para. 401) described the principal functions of the Minister for Local Government and Public Health with regard to mental hospitals. Under the Minister there is one Inspector, whose duty it is to visit every public mental hospital once or oftener in each year, and enquire whether the provisions of the law are carried out in the management, and also as to the mental and physical condition of the patients. Private mental hospitals are visited by him once in every six months. The Inspector must see periodically every person of unsound mind under care, and satisfy himself that, having regard to the circumstances of each case, the patient is being properly treated. The Inspector is notified of every admission, discharge, and death, and a copy of every admission form is sent to him. He reports from time to time to each local authority on the state of their institution and makes a general report annually, which is presented to the Oireachtas. On the state of the private mental hospitals he reports to the Circuit Court, which is the licensing authority, and annually to the Chief Justice.

482. Besides these inspections carried on by the officer of the Minister for Local Government and Public Health, there is another system of inspection of patients in mental hospitals (public and private) and in private care who come within the jurisdiction of the Chief Justice, formerly known as Chancery Patients. These patients are visited by the Registrar and Assistant Registrar to the Chief Justice. In the principal towns medical visitors have been appointed who report fully on every individual case four times a year. In addition there are two lay visitors for male patients in Dublin City and County and four lady visitors for the same area.

483. It appears to us that in maintaining two separate and independent systems of inspection a certain amount of overlapping and unnecessary expenditure takes place. Many of the patients under the control of the Court are in the public and private asylums and are, in fact, seen by the Inspector of Lunatics as well as by the officers and visitors appointed by the Chief Justice. We think that the possibility of amalgamating these two systems of inspection should be closely examined. There appears to us to be no insuperable difficulty in the visitation of the mental hospitals and the insane generally, whether with or without property, being entrusted to the same inspectorate.

CHAPTER XV.

FINANCE.

484. The cost of maintaining the insane poor in district and auxiliary mental hospitals is borne by the county and county borough councils, who are aided by a grant from the Local Taxation Account.

Capitation Grant.

485. Prior to the year 1874 the whole cost of maintenance was a charge on the county cess or the corresponding rate in the towns. In 1874 Parliament approved of a proposal to relieve local expenditure on the insane poor by a capitation grant, which is calculated at the rate of four shillings a week for each patient or half the net charge on local funds for maintenance, whichever is least. No grant is made when the net charge is less than four shillings a week. For a patient in an auxiliary mental hospital the maximum grant is two shillings a week.

486. The rate of four shillings a week was fixed so as to meet the difference between the cost of maintenance of a lunatic in a workhouse and the asylum.

487. The first payment of the grant was made in the year 1875–6.

488. A sufficient sum to meet the grant was voted annually until the Local Government Act of 1898 came into operation. Under that Act this and other grants became payable out of the Local Taxation Account. To provide the necessary funds it was enacted that there should be paid into the Account the proceeds of certain specified local licence duties and a fixed annual sum from the Consolidated Fund.

489. If the income so provided proved more than was required the excess was to be accumulated and applied to meet any future deficiencies ; if the income was insufficient, the grants were to be proportionately abated.

490. The grant was paid without abatement until the financial year 1910-11, when the proportionate abatement provided for in the Act (section 58 (5)) was first made. Since 1910-11 abatements have been made each year. The full amount of the claims in respect of the maintenance of the insane poor in the year 1924-25 was £158,468, and the sum available for distribution was £130,060, or 82 per cent. approximately of the claims. In the previous year 84 per cent. approximately of the claims was paid.

491. When the grant was originally made the cost of maintenance was on the average 9*s.* 6*d.* per week for each patient. In 1910–11 the average weekly cost in the Irish district asylums was nine shillings, and although the full grant was reduced by abatement of the claims to 3*s.* 5*d.* per week (or about 38 per cent. of the cost) it still formed a substantial contribution towards the cost of maintenance. In the financial year 1924-25 the average cost of maintenance per patient in the district mental hospitals was 19*s.* 7*d.* per week approximately. The grant in the same year was equivalent to 3*s.* 3*d.* or 17 per cent. of the cost, a reduction of 21 per cent. in the proportion contributed as compared with the year 1910–11.

492. We see, therefore, that under the system of assigned revenues, not only has the full grant not been paid since the year 1910-11 but by reason of the increased cost of maintenance the proportion of the cost borne by the rates has been very much increased since the war.

493. We have expressed the view (Para. 310) that the whole system by which the State assists local authorities requires simplification, and should be reviewed in the light of existing needs. The capitation grant for patients in mental hospitals affords a striking illustration of the necessity for a re-examination of the grants. Whilst the burden of maintaining the insane has increased the grant has decreased and, by reason of the arrangements with regard to abatement, fluctuates from year to year.

494. The maintenance of the insane poor is a service which, in our opinion,

should receive substantial aid from State funds. The capitation grant, although it may in its origin have been intended merely to bridge the gap between the cost of maintenance of a lunatic in the workhouse and the cost in the asylum, and therefore to act as an inducement to local authorities to take the insane out of the workhouse, nevertheless at its inception and for a long period afterwards fell not far short of half the cost.

495. We strongly recommend the increase of the capitation grant to a figure approximating to half the cost, and we think that the grant should not depend on the receipts from particular sources of revenue.

Mental Hospital Accounts.

496. The Minister for Local Government and Public Health has power to make regulations respecting the form of the accounts of local authorities. The Public Bodies Order, 1925, prescribes seventy forms, principally accounting forms, to be kept, so far as they are appropriate, by County Councils, Borough Councils, Boards of Health, Urban District Councils, Mental Hospital Committees, and other local authorities. Besides the Order of 1925 there are General Orders in force prescribing records to be kept by particular authorities, viz., the County Boards of Health Accounts Order, 1924, and the Asylum Books and Records Order, 1900.

We propose to confine our remarks here to the accounts of the mental hospitals in regard to which evidence was given before us by Mr. J. J. Doyle, Chief Clerk and Accountant of Grangegorman Mental Hospital.

497. The form of account prescribed provides for the record of actual cash receipts and payments during the accounting period covered. Mr. Doyle's main suggestion is shortly that the accounts should be based on income and expenditure drawn up as nearly as possible on commercial lines. The outstanding liabilities and receipts of each period would be brought into account for that period and unissued stores would be valued and taken into account.

498. The comparative statistics published annually in the Inspector's report follow the form of accounts. Mr. Doyle agreed that with regard to the calculation of the average cost, the present accounts gave on the whole fairly true results. The tables of costs, however, under several sub-heads require further analysis to ascertain their true bearing. This is particularly the case with regard to the sub-head Provisions and Groceries. This sub-head does not show the value of supplies from the farm and garden, and therefore comparing one institution with another we find very wide variations.

499. The mental hospitals accounts differ in principle from those prescribed for Boards of Health and Public Assistance, inasmuch as they do not contemplate the carrying forward of balances of stocks and they contain no provision for the inclusion of unpaid bills.

500. We concur largely in the suggestion that the accounts should be drawn up on the basis of ordinary commercial accounts of income and expenditure.

501. A cause of variation between the average costs of maintenance also arises from a difference in practice with regard to capital expenditure. Such items as the installation of electric light, erection of piggeries, etc., have in some institutions been paid for out of current revenue and charged to the sub-head Repairs and Alterations, and in others are paid for by loan and therefore do not appear in maintenance charges. Uniformity of treatment is essential if comparative statements are to be of any value.

Chargeability.

502. In Part I. of this Report (Para. 321) we reserved for subsequent consideration the question of the chargeability of relief, and we now propose to deal with the matter first, with regard to relief under the Poor Law and, secondly, with regard to the chargeability of the insane poor in mental hospitals.

The final paragraph of our terms of reference is as follows :—

> As regards cost of relief of the destitute poor generally to inquire as to whether any change in the law is desirable towards securing more equitable chargeability on local rates for persons who having been in fact normally resident in one poor relief district have become a charge on the rates of another district.

503. There are no statutory provisions regarding settlement and removal apart from those contained in the Poor Removal Acts which relate to the removal of poor persons from Great Britain to Ireland. A person eligible for relief is relieved in the county, county district, county borough, or union in which he is at the time and the local authority that relieves him cannot have him removed to another area or charge the cost of relief to another authority.

504. Before the Local Government Act of 1898 abolished divisional rating a complicated system of chargeability within the Union existed which deserves notice in connection with the suggestions which have been made to us in favour of a new system of chargeability based on residence. The basis of the old system was section 44 of the Act of 1838, which provided that the cost of relieving the workhouse inmate should be charged to the electoral division in which he had been resident. If no statement as to residence appeared in the registry the cost was charged to the Union. From time to time enactments [1] were passed defining residence in a division. In 1876 an attempt was made by the Poor Law Rating Act of that year to remedy the inequalities which this system of chargeability involved, but it was not until 1898 that the complications of chargeability were swept away. Every person relieved then became chargeable to the Union, and no question of settlement as between one division and another could arise. This simplification had the same effect as the abolition of Union rating had subsequently (Para. 297), that is, it lowered the rate in the districts in which it had been high and raised it where it had been low, an effect which we believe to be beneficial as tending to equalise the burden of relief.

505. The evidence in favour of altering the law so as to provide for charging the cost of relief to the districts to which the persons relieved " belong " comes almost wholly from Dublin.

506. Mr. MacLysaght, Chairman of the Commissioners for Dublin Union, suggests in his evidence that persons with less than three years' residence in the Union before admission to an institution should not be chargeable to the Union, and submitted the following statistics of the number of persons admitted to Dublin Workhouse during a period of 29 months who had not been three years resident in the district :—

Persons aged	60	years	and	upwards	..	..	59
,,	59	,,	under		..	..	138
,,	40	,,	,,		..	..	156
,,	30	,,	,,		..	..	513
				Total	..	..	866

It will be observed that persons under 30 years of age constitute almost 60 per cent. of the total. Over one-third of such persons were young women (unmarried mothers) who were admitted to the maternity department or nurseries.

507. If, however, we confine our attention to persons actually in residence in Dublin Workhouse who at the date of admission had been under one year resident in the Union we find that at the end of April, 1927, there were 80 such persons or less than three per cent. of the total number in the workhouse.

508. Mr. MacLysaght, on behalf of the Dublin Union Commissioners, advocated the enactment of a power of removal or alternatively a power to charge the local authority of the district from which the inmate comes with the cost of maintenance.

509. Against any prospective advantages from the operation of a law permitting removal in certain cases must be set the hardship and expense that we believe would attend it. The evils which in England have attended the law of settlement and removal must lead us to view with the utmost caution proposals for introducing it here, even in an attenuated and carefully circumscribed form. The investigation of questions of residence by local officers, their determination by some judicial or quasi-judicial authority, and the machinery for appeal either to the Minister or the Courts would all involve expenditure besides being a fruitful source of friction.

[1] 6 and 7 Vic., Cap. 92, s. 10; 10 Vic., cap. 31, s. 12; and 12 and 13, Vic., Cap. 104, s. 1.

510. If it could be shown that there was migration to an appreciable extent to the cities merely for the purpose of getting relief in institutions it might be advisable to prescribe a period of residence in the district as one of the conditions of eligibility provided that persons of no fixed abode would not be deprived of relief. The period of residence should not in our view exceed one year. Very little evidence of migration of this nature came before us.

Chargeability of the Insane Poor.

511. The district mental hospital is for the insane poor of the county or counties that provide and maintain it.

512. In respect of patients who are admitted on the ordinary admission form a declaration appears on the form as to the length of time they have been resident in the district, and the committee of management or the resident medical superintendent as the case may be are, therefore, in a position to judge before admission whether the patient belongs to the district.

513. The majority of the patients in the mental hospital have, however, been committed as dangerous lunatics under the Lunacy Act, 1867. A patient dealt with under this Act must be sent to the mental hospital for the district in which he was apprehended. It sometimes happens that the place in which a patient is apprehended is not the district in which he was born or resided.

514. We anticipate that with a new procedure available such as we have recommended in Chapter XIII., the number of persons who will be dealt with as dangerous lunatics, and consequently the number of cases of patients being charged to counties to which they do not belong, will be much reduced.

515. For reasons already indicated, we are unable to recommend the adoption of any system of settlement and removal or of a new procedure by which chargeability to an outside authority will be determined after a patient's admission. We see no advantage to the community as a whole in setting up permanent statutory machinery to correct the occasional anomalies that arise

SUMMARY OF PRINCIPAL CONCLUSIONS AND RECOMMENDATIONS.

The following is a summary of our principal conclusions and recommendations. It is not necessary, however, to set out afresh the particular recommendations with regard to the institutional arrangements in each county. These will be found in paragraphs 116 to 147.

(The figures in brackets at the end of each paragraph refer to paragraphs of the Report.)

(A) INSTITUTIONAL RELIEF.

1. We recognise that very drastic and thorough action was probably necessary to break down the workhouse system, and we approve of the County Schemes in so far as they have resulted in closing unnecessary workhouses and placing the Poor Law on a county basis. (89.)

2. While we are willing to concede that it was perhaps difficult to foresee what result the closing of a large number of workhouses simultaneously and the removal of all restrictions on the granting of Home Assistance would have on the relief of the poor, we are convinced that the Schemes, both positively and in their administration have in some counties, particularly the larger where the distance from the Homes and Hospitals is considerable, operated prejudicially in the interests of the poor while the saving in cost has been negligible. (90.)

3. In the County Homes we found the following classes, whether the Schemes contemplated their admission or not, viz., aged and infirm of both sexes ; lunatics, idiots, and imbeciles of both sexes ; unmarried mothers and their children, in some cases married mothers and their children, and orphan and deserted children. In a number of the Homes there were cases of advanced tubercular disease and also cases of cancer. (92.)

4. The County Homes are not fit and proper places for the reception of the various classes we have found in them, and therefore, in so far as the Schemes, either through omission to make provision for or through actual commission in bringing together these classes have conduced to that state of affairs, they must on that ground, if on no other, be deemed inadequate and unsatisfactory. (96.)

5. The classes that should not be retained in the County Homes and for which other provisions will, therefore, have to be made are as follows :—Unmarried mothers, married mothers, children, and mental defectives. (227.)

6. Reserved even for the aged and infirm poor and chronic invalids, the County Homes, with one or two exceptions, require much structural alteration and improvement before they can be considered as coming up to the standard of comfort required. (96, 97, 116 to 147.)

7. The blame for the present condition of the County Homes does not attach wholly to those charged in recent years with the duty of attending to the necessities of the poor ; but a continuance of the present conditions would be a serious blot on the Schemes adopted for the purpose of improving and humanising the administration of public assistance. (97.)

8. We are of opinion that in some areas, notably the West Cork County District and the Counties of Clare, Galway, Kerry, Leitrim, Mayo, Tirconaill, and Waterford, the provision of one central County Home only for the aged and infirm has caused hardship, and auxiliary provision for these classes, or the most feeble of them, is necessary. (99.)

9. We are in full accord with the policy of establishing, without overlapping or duplication, in the most accessible centres of population, public hospitals where the poor are likely from the medical assistance available, to obtain modern and skilled treatment in surgery and medicine. The normal provision in each County or County Health District would be one fully equipped central hospital, with district or cottage hospitals as auxiliaries where distance and population justified such auxiliaries. The nursing and domestic staff of each hospital should be adequate and the arrangement of duties should be such as to obviate continuous night duty over long periods by any of its members. (103, 104.)

10. We are not in sympathy with the attempt to preserve in small towns district or cottage hospitals on the plea that the distances to the central hospital are too great. Given a hospital which has established for itself a record of efficient and sympathetic administration and to which admission can be readily obtained distances of from twenty to twenty-five miles will not deter the poor from availing of it in areas where there are good roads and modern means of transport. (103).

11. In some counties the institutional accommodation provided for the sick falls far short of what the County Scheme contemplates. (103, 116 to 147.)

12. The centres chosen for the county hospitals are, as a rule, suitable, but the hospitals themselves are not, in some instances, up to a reasonable standard, nor is the accommodation sufficient, while in others the development is taking place on lines that are not consistent with the general policy of complete severance from ordinary poor relief. (106.)

13. The County Hospitals which promise to fulfil the requirements of a central hospital and the counties in which the county hospital is inadequate and unsuitable are indicated in the Report. (107, 108, 116 to 147.)

14. The County Hospital should be an institution under one control in which both medical and surgical cases are treated. The arrangement in several counties under which surgical cases are treated in a county surgical hospital and medical cases relegated to the wards of the County Home we do not regard as satisfactory. (108.)

15. Most of the district hospitals are situate in old workhouse buildings and while exception cannot be taken in every case to this, we think that unless they can be effectively cut off from the unoccupied portions of these old buildings the location will not ultimately prove satisfactory and modern small hospitals will have to be provided. (109.)

16. The accommodation for cases of infectious and contagious diseases does not appear to be inadequate except in the counties of Galway, Mayo, and Tirconaill, but in several other counties it is for reasons indicated in the report unsuitable. (110, 116 to 147.)

17. Whilst recognising the difficult problem presented by the advanced cases of tuberculosis, we do not think the County Home is the proper place for them or that they should be admitted to the district hospitals unless they can be completely isolated. We would like to see followed the lead given by the Counties Galway and Monaghan in providing sanatoria distinct from the County Home or District Hospital. (112, 113.)

18. We believe it may be necessary to set aside accommodation in the county boroughs for casuals or night lodgers. (188, 349.)

19. In case of failure to find lodgings for casuals the Assistance Officer should have power to send the case for a single night to the County Home pending further investigation by the Superintendent Assistance Officer. (188.)

20. County boundaries should not be a barrier to those eligible for relief getting it at the nearest public institution. Many hospitals are within easy reach of parts of neighbouring counties and should be accessible to the poor of the surrounding districts. The Minister should have power to require Boards of Health to make inter-county arrangements for this purpose. (89, 115.)

21. We are inclined to the belief that at present in some counties the poor are often at a loss to know to whom they should apply for relief and ignorant of the relief to which they are entitled. The names of persons who have authority to order admission to institutions or to order examinations with a view to admission should be widely published in every area and assistance officers should everywhere be empowered to authorise admission. (149, 150.)

22. Subject to such regulations as are approved by the Minister there should be power to admit to all institutions persons not eligible for relief. (151, 152.)

23. There should be a motor ambulance at every County Home and County Hospital. Additional ambulances should be provided in connection with the District Hospitals in certain isolated areas and also in the larger urban areas where it is not proposed to establish Hospitals (153.)

24. The Board of Health should have power on the death of an inmate of any of their institutions to pay a reasonable amount for the removal of the remains if the relatives desire to take the remains home for burial and are too poor to bear the cost. (154.)

(B) HOME ASSISTANCE.

1. We see no reason for re-imposing the old absolute restrictions with regard to the grant of out-door relief, but we think discretion should be allowed as to whether assistance shall be given in an institution or at home. (162.)

2. If properly administered the Regulations governing Home Assistance should prevent abuses and extravagances. (163.)

*3. We are fully convinced of the wisdom of the regulation which requires each Board of Health to appoint a Superintendent Assistance Officer, but we are not sure that the duties of this office can be combined with those of Secretary of the Board of Health. (164.)

4. We recommend that, where the area of their districts and the ordinary number of cases in receipt of assistance warrant, Assistance Officers should be whole-time officers. (169.)

5. The Assistance Officer should reside in a place easy of access from all parts of his district and his name and address and that of the Superintendent Assistance Officer should be posted in every Garda Barracks. (170.)

6. We are satisfied that the Boards of Health, whilst perhaps acting with more liberality than their predecessors, still fall short of discharging their full obligations in regard to persons eligible for relief who cannot be sent to institutions and that this applies particularly to the cases of widows with children and able-bodied men with dependent families. (173.)

7. We are in favour of a Scheme of Mothers' Pensions payable by the State. (176.)

8. Should the Government not feel in a position to shoulder the burden of State Pensions or to introduce a contributory pensions scheme for widows and orphans, we think it their duty to see that the Boards of Health give adequate assistance. (178.)

9. The State might encourage the Boards of Health in the discharge of their duties in respect of the relief of necessitous widows with children and the dependent children of destitute able-bodied men, who through no fault of their own are unable to provide the necessaries of life, by making a grant equal to half the cost of such relief in each case subject to a fixed maximum. (179.)

* See Memorandum by Sir John Keane (page 137).

10. Where home assistance is likely to be continuous it might be possible to arrange for the payment of the weekly amounts by pay order or through the Post Office in the same manner as old age pensions are paid. (181.)

11. We are not in favour of disbursing Home Assistance through private agencies. (182.)

12. Under the existing law voluntary workers can be utilised by the Board of Health and we would like to see the Boards wherever voluntary help is available using their powers in this respect. (185.)

13. We hesitate to recommend definitely the application of the Elberfeld system of relief without studying more closely the conditions under which it is worked in Germany, but the law might admit of the Minister giving his sanction to a scheme on the lines of the Elberfeld system being inaugurated on the submission in detail by the Board of Health of such a proposal. (184, 186.)

14. We think it would be useful that power should be reserved to the Minister to order, if he thinks fit, the publication in every district of the names of persons in that district in receipt of assistance. (187.)

(C) THE DISPENSARY SERVICES.

*1. The general evidence we received in regard to the working of the Dispensary Medical Services was of a satisfactory nature; but the statistical returns show that Connaught and the poorer counties of the western seaboard seem to demand less free medical attendance than the more prosperous counties of the midlands and the east. (193, 194.)

2. From the evidence relating to the working of the dispensary services in parts of Mayo, we have come to the conclusion that in recent years the administration left much to be desired and that medical relief tickets were difficult to obtain. (197.)

*3. The Dispensary Rules provide for agreement between the Board of Health and Dispensary Medical Officers as to a scale of fees for persons who, whilst not able to pay the doctor's usual fees, are willing and able to pay a small fee and do not wish to have recourse to a free ticket. We recommend the local authorities and medical officers to consider whether scales of fees cannot be drawn up for such cases. (200–202.)

4. The accommodation in some of the dispensaries visited was unsuitable and the furnishing of the poorest description. The order and cleanliness in a number was very bad and generally speaking the standard of comfort was low. It is essential that the accommodation should be clean, comfortable, and well equipped and sufficient to ensure absolute privacy for a complete examination should such be necessary. (206, 207, 208.)

*5. The inspections of dispensaries by the Local Government Department's Inspectors should be carried out without notice. (210.)

6. Every encouragement should be given to the dispensary medical officers to look upon the hospitals as a necessary complement to the dispensaries. (213.)

7. The services of the dispensary midwives on a free ticket do not appear to be availed of as frequently as the circumstances of the poor would permit. (216.)

8. We consider that nurses with general nursing qualifications should be a necessary part of the medical service in each dispensary district. At present such nurses are supplied in many areas by voluntary organisations. (219, 220.)

9. We believe that the development of surgical and medical nursing* in the homes of the poor had better take place through the agency of the Jubilee Institute

* See memorandum by Dr. T. Hennessy, (page 135).

for Nurses than be superimposed on the Local Authority, and we suggest, therefore, that it be made legal for the Local Authority with the consent of the Minister, where local effort fails to provide sufficient funds to maintain a nurse in the district, to guarantee the difference between what is required and what is subscribed voluntarily. (224.)

10. Where new dispensaries are provided separate from the medical officer's residence accommodation for a nurse might also be provided. (225.)

11. The tuberculosis medical service should be linked as closely as possible with the other medical services of the county. (226)

(D) UNMARRIED MOTHERS, AFFILIATION ORDERS, REGULATION OF MATERNITY HOMES, ETC.

1. Unmarried mothers may, from the administrative point of view, be divided into two classes : (1) those who may be considered as amenable to reform, and (2) the less hopeful cases (228).

2. The Board of Health should be allowed an almost complete discretion in dealing with and paying for the first class through Rescue Societies and other voluntary agencies. (230.)

3. For the women of both classes who cannot be provided for through voluntary organisations we propose special institutions (which it will probably be convenient to establish in proximity to the larger County Homes) be set up on the lines of that already established at Pelletstown. To these homes there should be attached a maternity and a probationary department. There should be power to retain women, who on admission express their willingness to remain, for a period not exceeding one year on first admission, two years on second admission, and for such period as the local authority think fit on third or subsequent admission. Cases whose period of residence is indeterminate should be reviewed annually. (232, 233, 234.)

4. We see no objection to such women as the Matron of the special institution for unmarried mothers considers suitable being transferred to the County Home for the purpose of assisting in the cleaning, etc. (235.)

5. No woman should be discharged until she satisfies the Board of Health that she will be able to provide for her child or children ; but discretion might be left to the Board to allow the woman to take her discharge without taking her child, or children, if they consider this desirable from the circumstances of the particular case. (237.)

6. We recommend that the District Court be given power to make an affiliation order on the application of the mother and that the Board of Health be given power to apply for an order if the mother and child are in receipt of public assistance. (258.)

7. *The age of consent* is, in our opinion, at present too low, and should be raised to 18, if not 19 years. (259.)

8. We see no reason for allowing the plea of reasonable belief as to legal age in cases under the Criminal Law Amendment Act, 1885. (260.)

9. The law in regard to sexual offences should operate evenly against both sexes. (263.)

10. We are not prepared to put forward any scheme for repatriation through official agencies of unmarried mothers who migrate to England and become public charges there. (265.)

11. We are of opinion that all private maternity homes should be licensed annually and that the provisions of the Children Act, 1908, relating to Infant Life Protection should be amended. (266, 269, 270.)

(E) CHILDREN.

1. We favour the continuance and extension where practicable of boarding out of children. (248.)

2. Children under school age whom it is not possible to board out should be accommodated in the Homes provided for unmarried mothers. (239.)

3. We recommend that it be made legal to board out orphan and deserted children in respect of whom the Board of Health have assumed parental rights under section 1 of the Poor Law Act, 1899, and that the Boards should be empowered to apply the section to the children of vagrants where they are neglected or are living in surroundings morally bad. (249.)

4. The age at which children pass from the control of the Board of Health should be raised. Girls should remain under the control of the Board until 18, or, in special cases, until 21 years of age. (250.)

5. We propose that the residue of children who cannot be otherwise dealt with be sent to the Industrial Schools without the formality of committal by judicial procedure. No children would, therefore, remain in the County Homes. (252.)

6. It should be made clear that in the case of the deaf mute child of parents who although not destitute are unable to pay for the child's training a Board of Health can join with the parents in defraying the cost of education in the same manner as they can assist poor parents to obtain medical and surgical treatment for their children. (324.)

7. We think an effective means should exist of enabling every boy in the Industrial Schools who has shown aptitude in a particular trade and who wishes to take it up as a means of livelihood to be apprenticed on discharge, and provision should be made for his maintenance during the period of apprenticeship. (255.)

* 8. We are unable to recommend the establishment of a State Children Department. (273).

(F) THE LOCAL AUTHORITY.

1. Whilst recognising that it is possible for a Board of Health under a capable and business-like chairman and with the help of committees to work the administrative machine efficiently we are inclined to the view that in actual practice the Boards are not able to exercise the supervision which their institutions, officers, and services require. (281.)

2. We are unable to formulate any plan which, by merely altering the constitution or methods of procedure of the Board, would be calculated to lead to more efficient administration. (282.)

3. The alternative we recommend is the abolition of the Board of Health and the assumption by the County Council itself of the control of poor relief working through a paid official whom they would place in entire charge of the poor law services of the county in the same manner as the general manager of a company under the control of a board of directors. (283.)

4. If such an official as we contemplate were appointed, the Secretary of the Board of Health would be relieved of his present duties of supervision and in many of the counties it would be possible to dispense with the post of Superintendent Assistance Officer. (285.)

5. Under this Scheme we believe it would be possible and desirable for the Central Authority to allow the County Councils a very much freer hand than is allowed to the Boards of Health. (287.)

* See Memorandum by Senator Mrs. Wyse Power (page 134.)

(G) THE COST OF PUBLIC ASSISTANCE.

1. Taken in the aggregate and allowing for the decrease in the value of money, the evidence would go to show that the burden on the ratepayers has not been increased by reason of the change from union to county administration. (299, 300.)

2. We cannot attribute the reduction in the number of persons in receipt of relief in 1925 as compared with the number in 1913 as being due to a diminution in the number of persons whose circumstances would entitle them to relief, but rather to the fact that the poor were not accustomed to the new order of things and that old people especially preferred to endure privation outside rather than resort to central institutions. It would, we think, be unsafe to predict that expenditure will not go higher. (301, 302.)

3. The enlargement of the area of charge from the Union to the County has had a most beneficial effect in lightening the burden on some of the poorest areas. (297.)

4. The present basis of allocation of government grants is out-of-date and should be reviewed in the light of existing needs. Any investigation of the subject of the grants should extend not merely to the question of re-allocation, but to the method of providing funds. (310.)

5. The charges on the Guarantee Fund in respect of defaulting tenant purchasers in each county fall to be deducted from the grants due to the County Council, who have no power to compel defaulters to pay. We recommend that the law be altered. (312.)

6. We are of opinion that if the entire or a considerable portion of the burden of providing and equipping Homes and Hospitals is thrown on the ratepayers the process of re-constructing or setting up institutions for the classes who must be relieved in institutions will be slow. We recommend that substantial State aid should be given partly in the form of a free grant and partly of long term loans at a low rate of interest. We suggest the basis on which the grant for each county should be calculated. (317, 318, 319.)

7. The disqualification of old age pensioners maintained in Poor Law institutions should be removed and the pension should be made applicable to their maintenance. (315.)

(H) CHARITABLE ORGANISATIONS.

1. It is probable there is a certain amount of overlapping amongst the various charities and between the charities and the poor law, but it seems almost impossible to avoid this without resort to a system to which some of the societies would object. (330.)

2. The reduction of Home Assistance grants by the amounts received from charitable sources can only be justified where the right to adequate assistance is admitted and the amount allowed is sufficient to provide the necessaries of life. (331.)

3. Local authorities should be permitted to assist charitable organisations who undertake to deal with derelict homeless men and persons who ordinarily resorted to the casual ward of the workhouse. (334).

(I) DUBLIN COUNTY AND COUNTY BOROUGH.

1. We recommend that the functions under the Poor Relief Acts of the Board of Guardians of the Unions in Dublin County and County Borough be transferred to the County Council and the County Borough Council acting through a joint committee and that central institutions for the whole area be set up. (345.)

2. There should be a County Home and a County Hospital for the joint district.

Dublin Workhouse buildings will afford ample accommodation for these institutions. (347.)

3. The other institutions we recommend are a Home for unmarried mothers and children in the Pelletstown school premises, and an institution for cases of pulmonary tuberculosis at the old Rathdown Union workhouse at Loughlinstown. (350, 354.)

4. Under a joint scheme it should not be necessary to maintain St. Columbcille's Hospital at Loughlinstown for its present purpose. If it is not found feasible to treat infectious cases from the whole area in Cork Street Hospital, St. Columbcille's Hospital might be utilised as a fever hospital for the southern portion of the county. If St. Columbcille's Hospital is abolished, we see no objection to a District Hospital being provided at Bray, if the County Wicklow Board of Health so desire. (352, 353.)

5. It will not be necessary to use Balrothery Workhouse for any purpose connected with poor relief. (355.)

6. Ambulances should be stationed at Dun Laoghaire, Loughlinstown, and Balbriggan. (356.)

(J) CHARGEABILITY.

1. We do not recommend the introduction of a law of settlement and removal, but it may be advisable to prescribe a period of residence in a district as a condition of eligibility for admission to institutions if it can be shown that there is an appreciable migration to the cities merely for the purpose of getting relief. (509, 510.)

(K) THE AMENDMENT AND CONSOLIDATION OF THE POOR RELIEF ACTS.

1. The Poor Relief Acts should be repealed and the poor law enacted in a single amending and consolidating statute. (84.)

(L) THE PUBLIC PROVISION FOR THE INSANE AND THE MANAGEMENT OF THE MENTAL HOSPITALS.

1. The accommodation for the insane poor in the district mental hospitals (including the auxiliary mental hospital) is either fully occupied or insufficient or unsuitable in all but three institutions (Kilkenny, Letterkenny, and Portlaoighise Mental Hospitals). The nature and extent of the deficiencies are indicated in the Report. (415, 416.)

2. We think it would be unsafe to reckon on any diminution of the number of insane persons to be provided for. (417.)

3. We recommend that the insane in poor law institutions and the excess population of the mental hospitals be provided for in auxiliary mental hospitals. (420, 426, 427).

4. Where the numbers needing provision in a district are not sufficient to justify a separate auxiliary mental hospital we recommend that districts should be combined for the purpose of making such provision. (428.)

5. We have indicated in the Report the districts which we think can be most conveniently joined. (423).

6. We see no insuperable difficulties to the establishment of Hospital Wards unconnected with the mental hospitals for the treatment of incipient forms of mental disease and temporary states of mental disorder or to the establishment of dispensaries for out-patients with which medical officers of the mental hospital would be associated. (434).

7. We think that under necessary safeguards as to inspection the law should permit the boarding-out of the insane. (435).

8. The Boards of Health should be encouraged to avail of the accommodation

for mentally defective children that now exists. We recommend that as an inducement to send such children to an approved institution a grant equal to half the net cost of maintenance should be made. (441.)

9. Subject to the condition that the child can benefit by the training the Board of Health should be empowered if they think fit to join with the parents of a mentally defective child in paying the expenses of maintenance in an approved institution. (442.)

10. No child should be retained at the public expense in an approved institution beyond the time when improvement in his or her condition cannot be effected. (444.)

11. Approved institutions for defectives should be visited and reported on by the Inspector of Mental Hospitals. (446.)

12. We recommend that the forms of certificates, declarations, and other documents required in connection with the admission, detention, and discharge of patients, should be prescribed by the Minister for Local Government and Public Health, if not laid down by statute. (448.)

13. We propose that, without lessening the safeguards against improper detention, certain defects in the present admission procedure should be remedied. (455, 457, 458, 463.)

14. We recommend that in the case of poor persons who become insane and whose relatives are not in a position to pay for the means of conveyance or for the medical certificate that it be the duty of the Home Assistance Officer to arrange for examination, certification and transfer to the mental hospital. (456.)

15. We anticipate that, with an alternative procedure available to meet the necessities of poor persons the number of committals as dangerous lunatics under the Lunacy Act, 1867, will be considerably reduced. (462.)

16. We recommend that voluntary admissions to the district mental hospitals on conditions prescribed by the central authority be made lawful. (465.)

17. We recommend that the law relieve Peace Commissioners, medical practitioners and all persons giving certificates and making orders in connection with the reception of patients into mental hospitals from liability to legal proceedings if they act in good faith and with reasonable care. (467.)

18. The power to discharge patients on probation should be more freely used, and the maximum period of absence on probation extended. (436).

19. If voluntary associations for the after-care of patients discharged from mental hospitals are established we would see no objection to their work being assisted from public funds. (469.)

20. The cases of criminal lunatics in district mental hospitals should be periodically reviewed. (470.)

21. In the management of the mental hospital it should be open to the County Council if they think fit to act through a paid official instead of a committee. If the Council appoint a paid official to manage the mental hospital they should be required to appoint at the same time a Visiting Committee. (474.)

22. We are not in favour of separating the medical from the non-medical functions of the resident medical superintendent and transferring the latter to an independent lay manager. (476.)

23. The machinery which the Local Authorities (Officers and Employees) Act, 1926, contemplates for the selection of candidates requiring professional experience should be utilised in the appointment of resident medical superintendents. (477.)

24. We are of opinion that the staffs of the auxiliary mental hospitals should be organised on a more modest scale than obtains in the district mental hospitals. (429.)

25. Facilities for the training of mental nurses should be available in every mental hospital and no nurse should be recruited to the staff who is not capable of taking advantage of the instruction given. (479.)

26. The possibility of amalgamating the two systems of inspection carried on under the Minister for Local Government and Public Health and the Chief Justice should be closely examined. (483.)

27. We recommend the increase of the government capitation grant for patients in mental hospitals to a figure approximating to half the cost, and we think that the grant should not depend on the receipts from particular sources of revenue. (495.)

† 28. We concur in the suggestion made to us that the accounts of the mental hospitals should be drawn up on the basis of ordinary commercial accounts of income and expenditure. (500.)

29. We see no advantage to the community as a whole in setting up permanent statutory machinery to correct the anomalies with regard to chargeability that occasionally arise. (515.)

30. The power to license private mental hospitals should be transferred from the Circuit Court to the Minister for Local Government and Public Health. All private establishments should be licensed but charitable or benevolent institutions should be exempt from license duty. (437.)

31. All existing Lunacy Acts should be repealed and new legislation embodied in an amending and consolidating Act. (411.)

In conclusion, we desire to place on record our very high appreciation of the services of Mr. J. Collins, Secretary to the Commission. We owe him a deep debt of gratitude for the courtesy and consideration with which he has met our various calls. His intimate knowledge of the lunacy laws, which was placed freely at our disposal, has been of the greatest assistance to us, and generally he has been untiring in his attention to the work of the Commission.

CHARLES H. O'CONOR (*Chairman*).
J. J. DUNNE.
JOSEPH GLYNN.
*THOMAS HENNESSY.
*J. KEANE.
M. E. MURPHY.
JAMES SPROULE MYLES.
*SIOBÁN BEAN AN PAORAIS.
PÁORAIS Ó SIOCFHRADA.

JOHN COLLINS, *Secretary*.
August, 1927.

* These members of the Commission have signed the Report subject to the reservations contained in separate memoranda.

† See Memorandum by Sir John Keane (page 137).

MEMORANDUM BY SENATOR MRS. WYSE POWER.

The conclusions of the Commission on the question of a State Children Department (Para. 273) are so opposed to all progressive legislation that I cannot agree with them. I consider that they prejudice the entire portion of the report dealing with State-supported children.

In dismissing the suggestion to establish even a Branch of the Department of Local Government and Public Health to control the many classes of these children the Report urges the fact that two classes of these children—those in Industrial Schools and the mentally defective—cannot be divorced from the authorities at present controlling them. A State Children Department would not divorce them. It would be the channel through which would pass delinquent children, as well as those who are neglected and destitute; it would supervise boarded-out children, and inspect institutions in which would be located the mentally afflicted, the deaf and dumb and the blind; it would co-ordinate all agencies for the assistance of children and stimulate voluntary action on their behalf; and, finally, it would supervise the lives of the children for some years after they had passed into the wage-earning world.

For these, amongst other reasons, I dissent from the portion of the report dealing with a State Children Department.

SIOBÁN bean an PÁORAIG.

I concur in the above Memorandum.

THOMAS HENNESSY.

MEMORANDUM AND SEPARATE RECOMMENDATIONS BY DR. THOMAS HENNESSY, T.D.

I am not in agreement with the recommendation in the Report (Para. 210) that the dispensary medical officers should be subjected to surprise visits during dispensary hours, apparently mainly for the purpose of ascertaining if they are punctual in their attendances. Provision has already been made by the Local Government Department for surprise visits where there is reason to believe they are necessary. To go further than this provision will be regarded as undeservingly distrustful and irritating by doctors who, unlike their censors for the most part, are oftentimes called upon long distances to the bedsides of the sick, day and night, at all hours, and in all weathers. Nor do they nor can they hesitate to expose their own lives and those of their families to grave danger when attending highly infectious and contagious diseases. In recent years, six young doctors met violent deaths whilst attending the sick, and it is not an uncommon occurrence for a doctor to have contracted a serious or fatal illness because he, in the absence of a substitute, attended the sick when unwell himself. It should, too, be remembered that the big majority of dispensary doctors discharge their Poor Law duties at salaries less than their travelling expenses calculated at garage rates. It is not infrequent for a dispensary doctor in a large district, having covered some thirty or forty miles in his rounds attending the sick, to return home at a late hour and find one or two red tickets awaiting him, which mean his more or less immediately undertaking another round of travelling of anything from twenty to thirty miles. As often as not there is no urgency to justify these late calls, and if they had been sent more timely to the doctor he could have attended them in his earlier rounds and be spared long and unnecessary travelling at a time when most people are in bed. Similarly, it is impossible to get a considerable number of patients to attend punctually at the dispensary within the fixed hours. They know that so long as they catch the doctor at the dispensary he will attend them rather than run the risk, in the event of refusal, of getting a red ticket to visit them at their homes. The easy-going habits of such patients frequently prolong the time of the doctor at the dispensary long after the fixed closing hour. No evidence was put before the Commission to show that medical officers were irregular in their attendance at the dispensaries. There seems to be no ground for altering the present system of inspection in a direction which would be considered offensive by a self-respecting medical officer. In all these circumstances, and in view of the conditions generally in which a dispensary doctor discharges his duties, it seems to be the height of sub-conscious smugness that a recommendation should be made subjecting him to surprise visits.

Surprise visits, in the circumstances stated, will be undoubtedly disagreeable to the medical inspectors who will be called upon to carry them out, and will not promote the mutual trust and confidence between the medical inspectors and the dispensary doctors which are necessary in the public interest.

Notwithstanding the quotation, apart from its qualifications and limitations, from the Interim Report of the Committee of Inquiry into Health Insurance and Medical Services, I do not consider the Medical Services comprised in the Medical Charities Act as adequate in many essential respects, mainly for the following reasons :—

(1) Many of the dispensary districts are so large and populous and the salaries of the medical officers so inadequate that, in times of prevalent illness, the medical attendance must be necessarily of a bush-practice nature.

(2) The absence of any provision for post-graduate study for the medical officers engaged in the Poor Law medical services.

(3) The dispensary accommodation, as stated in the Report, is admittedly very bad—so bad that in most dispensaries private and proper medical examination of the patient is impossible, and anything more than the most simple compounding could not be safely undertaken.

(4) The absence of a trained nurse (who should also be qualified to undertake dispensing) to assist the doctor in the larger dispensaries, so that he

might be free to do his medical work in accordance with reasonable up-to-date methods. This nurse would be also available for general nursing in the district.

(5) The salaries offered to county hospital surgeons are in themselves not sufficient to attract and retain the services of the best men.

Although the circumstances have entirely changed, the Report leaves the question of "poor person" if anything in a more complex position than it has been for the past seventy years. When the Medical Charities Acts were being enacted for Ireland, the term "poor person" was meant to have, logically and legally, the same significance as its equivalent term "pauper" has in similar legislation in England. Owing to the failure of British Governments to enact legislation for the organisation in Ireland of a medical service on a contributory basis for wage-earners and others of limited means on the main principle as exists at present under the Insurance Acts in England, Scotland, and Wales, successive administrations in Ireland, to meet this failure, have deliberately allowed a very loose interpretation of the term "poor person," with the result that substantial wage-earners and small landowners in Ireland are under the necessity of getting medical treatment under the Medical Charities Act. It is true that over twenty years ago the then Local Government Board realised that the unwarrantable looseness allowed by them, with regard to the term "poor person" was much abused, and the Board approved an arrangement by which dispensary doctors could charge reduced fees to certain patients who were hitherto, as a kind of hereditary right, treated as poor persons. For reasons, unnecessary to go into here, the scheme of a scale of small fees suggested by the Local Government Board failed. There is no reason to believe that a further attempt to establish this system would be more successful. The present position is as objectionable to self-respecting wage-earners and others as it is unjust to the doctors engaged in the Poor Law Medical Service. The only remedy is a scheme of medical service on a contributory basis that will bring medical treatment within the means of certain persons who are compelled at present to receive their medical treatment by the abuse of a phrase which is not only objectionable in itself but degrading.

THOMAS HENNESSY.

MEMORANDUM AND SEPARATE RECOMMENDATIONS BY SENATOR SIR JOHN KEANE, Bt.

I cannot sign the Report without certain comment and qualification. My observations concern the practical aspect of the proposals rather than their academic merits. Our recommendations aim at offering an ideal solution of the problem involved, but no evidence of their cost has been given, and I doubt that many of them are within the means either of central or local funds.

It is, therefore, essential to try and arrive at some method which will assure sound and responsible finance. This will be found along the lines of respect for the financial autonomy of the local authority. No service involving increased expense should be imposed upon the ratepayers. If the central authority regard any new service as essential it should be paid for out of central funds, if the local authority is unwilling to undertake it. Applying this principle to the recent past, I am of opinion that such appointments as the Superintendent Assistance Officer and the County Medical Officer of Health should have been permissive and not mandatory upon County Councils.

In this connection I feel compelled to comment generally on the increasing tendency of the Minister for Local Government and Public Health to fetter and control the local authority. There is hardly any matter, however trifling, to which his consent is not required. In one case that came to my knowledge recently a small payment of £10 to a County Surveyor for extra work done had to be sanctioned by the Department. In the same Council, proposals for the reduction of rate collectors' poundage were rejected and other proposals were imposed. In the Act of 1925 the words which imply or require the consent of the Minister appear twenty-three times.

I am willing to concede that tight control is often the line of least resistance and greatest immediate safety. By running no risks it is always easy to avoid mistakes. There is at the same time no reason why a popularly elected Parliament should be more trustworthy than a popularly elected Council, and the ultimate stability of either is only secured by cultivating a sense of direct responsibility. The value of local Councils as a nursery for public men and a centre for the growth of a civic sense has been enhanced by the wide extension of the franchise. This purpose will never be secured by a lack of trust and by dual control.

I realise that the grants in aid of rates from the central fund justify some measure of regulation and control. The central authority might well refuse to assist local Councils unconditionally, yet I consider the objections to divided control so strong that means should be sought to obtain the fullest possible degree of financial separation. This might be done by making certain services representing the total of existing grants entirely State services, and allowing the remaining services to be entirely local services. This would entail an examination of the entire field of local expenditure which was not within our terms of reference, and I recommend the enquiry be carried out. In any such financial separation the purpose of the agricultural grant, namely, to lighten the burden on land, must not be abandoned, and it would be necessary to preserve and continue in future local services the present proportion of cost borne, respectively, between land and other hereditaments.

In advocating a real and greater regard for local autonomy I do not wish to imply that local bodies should be allowed to compass their own ruin without let or hindrance. I consider the power of the Minister to dissolve recalcitrant or incompetent bodies should be preserved. But there is a very real and great difference between control over essentials and the present perpetual petty interference.

I also wish to draw attention to the belated appearance and unbalanced character of publications dealing with local government administration. The report of the Department of Local Government and Public Health for the three years 1922-25 has only recently appeared, and it nowhere gives a complete and summarised statement of the total costs of our local government services, though it does present a number of detached accounts. There does not appear to be any publication where this all essential information can be procured. Prior to 1920 this and other valuable information on local finance appeared in the publication

known as the Returns of Local Taxation in Ireland. This was a more instructive publication than the annual departmental report, but it now appears to have been discontinued.

I am unable to concur in the very meagre and guarded recommendation [1] in the majority report with regard to the forms and accounts now in use. The two main functions of any accounting system should be to secure fidelity and to assist supervision and control. The former purpose, that of fidelity, can be attained by simple accounting methods. In our public accounts it is secured only by utmost complexity of forms and procedure. The second purpose, that of control, is not attained at all, even though forms and ceremonies more than adequate for the purpose are employed. It will be necessary to support these conclusions by a detailed examination of certain of the existing forms.

I shall first examine the books and forms used in the administration of home assistance which are set out in the County Board of Health Accounts Order, 1924 (price 15s. net). The process begins with an application for home assistance to the assistance officer (A.O.). If the case is urgent and the A.O. decides to grant immediate provisional relief he reports to the Superintendent Assistance Officer (S.A.O.) on Form 17, which furnishes under 22 paragraphs particulars relative to the case. In ordinary cases where it is not necessary to anticipate the sanction of the Board of Health, application is made on Form 18, which consists of 23 paragraphs and contains much the same information as is given on Form 17. If assistance is sanctioned, the A.O. is notified on Form 20, if refused, on Form 21. In every case where assistance is granted the particulars are extracted from the application Forms 17 or 18 to the Home Assistance Register Form 22, which consists of 14 columns and contains personal particulars of each recipient. Each case next appears on the Home Assistance List, Form 22, which is compiled half-yearly This is a statistical form which seeks to obtain under 28 headings information as to sex, age, family, degree of infirmity, sanity, much of which has already been given on the application form. In addition to these forms, which are administrative or statistical in purpose, there are the following accounting forms :—Form 24, known as the A.O.'s expenditure book, which is ruled in 33 vertical columns and which shows in a separate column in each of the 27 weeks of the half-year the expenditure on each individual case, both in money and in kind, and in the last column the total of the weekly entries. There is a further Form 26, called the Assistance Officer's Receipt and Expenditure Book, in which a reconciliation is made of the total weekly payments. This consists of 15 columns. A similar form is kept by the S.A.O. for each district under his charge. This form is thus duplicated in every county. There is a further Form 27 which is rendered by each A.O. to the S.A.O. each week, showing the total receipts and expenditure in each district, and the S.A.O. in turn furnishes a monthly abstract of the district payments to the County Secretary on Form 16. Also a statement is compiled by districts each half-year on Form 28, with 19 columns, a list of all persons assisted out of the county institutions with particulars of residence, period of assistance weekly and total cash paid. Finally, Form 49 (B), Table (II) shows by districts the information already provided separately for each district on Form 23.

It is thus seen that what would appear a simple administrative operation involves 17 forms, of which 8 are accounting and 9 statistical, comprising 171 separately headed columns of which 46 are money columns and on which the name of each recipient of assistance is entered 7 times.

The magnitude of the book-keeping employed seems out of all proportion to the simplicity of the service. It is hard to conceive a more straightforward administrative operation than to submit an application to a Board, receive and record its decision and disburse in the form of weekly cash payment the amount awarded. This might be effected in the following manner :—

The application would be submitted on a special form. On a perforated detachable portion of this form the decision of the Board could be entered, and this could be issued to the A.O. as his authority for payment. An imprest account could be opened with each A.O. in which he would be debited with all advances made and credited as vouched evidence of payment was forthcoming. This would conform to ordinary commercial methods of double entry accounting and would involve the minimum of entries. In the books at the county office there should be a ledger account for each A.O., and this account could show at a glance the

[1] Paras. 320 and 500.

amount of assistance awarded in each district. This method would not supply the elaborate statistics given by the present forms. I have been unable to discover that the statistics serve any purpose than to accumulate paper and employ clerks. The annual report of the Local Government Department affords no evidence that these statistics, so laboriously compiled, serve any practical purpose. Any statistics that might be necessary—and they need be very few—could be abstracted *ad hoc* from the actual forms of application where the relevant data would appear. This would be a great simplification and effect a big reduction in clerical work. The foregoing is a case where the operation involved is of extreme simplicity and where accounting can do little more than record results and ensure fidelity. It has been my endeavour to show how very, and unnecessarily, complicated this operation has become under official regulation. I now propose to examine a section of expenditure where modern accountancy could be used as an instrument for effective scrutiny and control.

A large proportion of the controllable expenditure in county and mental hospitals lies in respect to provisions and other consumable stores. The existing method of control is by means of a fixed scale issued. So long as the sanctioned scale is not exceeded the regulation is discharged and all parties are satisfied. There are elaborate physical checks to secure this object. There are two basic objections to this method of control. It is well known to those experienced in the work of organisation and control that it is impracticable to arrive at a fixed scale for consumption of any article that will fulfil at one and the same time the two purposes of adequacy and economy. Appetites vary according to sex, age, seasons, and locality. Even though the aggregate consumption over a long period may approximate to the most economical scale, human inclinations and appetites will display marked variations above or below any mean within a short period. In other words, the optimum curve of consumption will be represented graphically up and down and not by a horizontal line. Under any fixed scale of issue it is impossible to allow for these variations, and the invariable practice is for the scale to be fixed at the level of maximum requirements. This must inevitably result in extravagance.

It is difficult for a Committee of Management to secure proof of actual waste and extravagance. It is even more difficult for a body of Commissioners to do so by means of the oral examination of witnesses. It is, however, a matter of general belief that considerable quantities of food remain unconsumed in public institutions, and a suggestive light is thrown upon this matter by the evidence of the Resident Medical Superintendent of Tirconaill Mental Hospital, who stated that 80 to 90 pigs are fed mainly on the offal of the institution. There is also the well-known case, before the Great War, where the Master of the Lismore Workhouse was proved on sworn inquiry to have misappropriated a substantial sum by the sale of offal, and this in spite of control by scale issue and close physical check and elaborate audit.

The forms used under the present plan are complex and considerable. The invoices for all goods received, with details of supplied rates, quantities, totals, etc., are entered in a Day Book, Form 36, consisting of a minimum of 16 ruled columns. The same receipts also appear to be entered in the provision receipt book, Form 39, and the storekeeper's receipt book, Form 43. The total weekly sale issue (i.e., the amounts allowed by regulation) are calculated in detail in the Scale Diet Distribution Book, Form 38. These weekly totals are transferred to the Provision Scale Issue Book, Form 40, where they are set against the storekeeper's actual issues transferred from From 43, which is built up from the Daily Issue Book, Form 42. Any discrepancy between scale issue and actual consumption can thus be reconciled. As compared with the elaborations involved in the case of Home Assistance these forms are moderate in number, but even for the limited purpose they serve they could be substantially reduced.

The second and the major objection to the present method is disregard of the human factor. Latent in every individual lies a vast reserve of interest, enthusiasm, zeal, and ambition which administrative methods can either quench or kindle. A system of rigid meticulous regulation, where precept not reality is the purpose sought, will inevitably damp down or destroy these valuable human qualities. On the other hand, they can be developed immeasurably by methods which enable results, be they good or bad, to be correctly and clearly recorded. It is in the all essential recording of results that the cost account and the accountant render so valuable service to the administrator.

Applying these principles to the control of provisions and other consumable stores, I recommend that scale issue be abolished ; that subject to certain general rules a wider discretion be allowed to the responsible officer in matters of dietary and provisioning ; and that the accounts be so framed to show the true costs promptly each month on a unit basis of inmate or patient day. The book-keeping necessary for this purpose could be much simpler than that now employed. A physical check of all issues and receipts could be kept by the storekeeper. He would certify all invoices and pass them to the accountant for payment. He would only issue stores on the requisition of the responsible executive officer. The ascertainment of prompt monthly cost on a unit basis would be the business of the accountant, who would take into account the value of stocks remaining in the store. No dissection of provisions and stores by items would be necessary for this purpose. Under such a system it would seem that Forms 36, 37, 38, 39, 40, 41, and 42 could be dispensed with.

As I have already indicated, the great value of such a system would be the element of personal " kudos " that it would evoke. A zealous administrator would be on his mettle to give good results, and all his faculties of resource and contrivance would be directed to this end. Comparative figures for similar institutions in a county and between counties would be available, extravagances could be checked in their early stages, abnormally low figures could be followed up to see if the inmates were being underfed, and generally the whole system would be real and living.

It will, no doubt, be urged as it was in evidence before the Commission, that there is no obligation at present to draw up to full scale, and that officers are known to abstain from doing so, and that the forms are devised to show quantities that are returned to store. I would in reply suggest that this effort towards economy is altogether roundabout, and ineffective. The results are not reflected in any clear manner to the personal credit of the officer, and it is not an effective but merely a petty gesture towards economy. The rational way should be to draw only what is necessary, not to overdraw and then return to store.

The third and last feature of our local government accounting that I venture to examine is that connected with the district mental hospitals. Here, at first sight, a gleam of encouragement is afforded in the Appendix to the Inspector's Annual Report, which sets out on a unit basis the cost of various ingredients of expenditure. But closer examination dispels any favourable first impression. Under one important heading, that of provisions, it is found that there are variations of cost amounting to as much as £11 per head per annum (viz., Carlow £8, Kilkenny £19, per patient a year). Closer investigation reveals that these variations occur because no debit is made in the provision account for the cost of goods supplied by the hospital farm. As these mental hospitals have their own farms of varying extent it is obvious that such an account, which has regard only to purchased provisions has no value for comparative purposes. Wide variations occurring under other heads, e.g., fuel and light (Cork £2 11s., Ennis £7 2s. per patient per annum) are explained by the fact that no account is taken of stocks in hand at opening and closing dates. Therefore, however commendable their form and intention, owing to their grave technical defects, these figures are of no value for administrative purposes.

These detailed examples are selected as typical in order to illustrate the special peculiarities of the system as a whole. The entire accounting structure is a fortuitous growth without symmetry or design, pieced and patched as occasion arose or inclination suggested. Even uniformity so essential for the purposes of comparison, though apparently intended by law is not attained, inasmuch as the accounts order can be, and is, changed by the Minister or even by the officials of the local authority. In certain cases copyright is claimed by printing firms over forms which are a complete departure from those prescribed by law.

It has been urged in defence of the existing methods that while they may not be perfect or scientific they are at least foolproof, and can be correctly kept by persons with a rudimentary knowledge of accounting technique. It must be left to others to judge which, in the case of public assistance accounting, is the simpler and less foolproof : 18 forms with 153 columns or two forms and one simple ledger and one imprest account. I have no hesitation in saying that the present methods in that they interlock or " glue up " nowhere and afford no ready automatic check on postings, require every bit as much intelligence to keep as simple accounts on the straightforward double entry method.

I, therefore, recommend that steps be taken to gradually supersede the existing forms and accounts by a simple form of double entry book-keeping, the object of which will be to give prompt and true costs in the simplest and the most straightforward manner. I also recommend that any of these present statistical forms which cannot be proved to serve a real and continuous purpose be abolished. In preparing this new stystem the control and administrative purpose of the accounts should be no less important than their fidelity aspect.

The only prudent and proper way to introduce this change would be by the process of trial or error. The application of a theoretical *a priori* system would be disturbing and dangerous. I, therefore, recommend that one selected county be made an experimental centre, and that the new methods be tried out there for three years before they are universally adopted. By this means the risk of failure or dislocation would be reduced to a minimum. It may be necessary, and would be desirable, to seek and follow the advice of a commercial accountant during the experimental period.

J. KEANE.

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XIII. Table showing the daily average number of patients resident in each district and auxiliary mental hospital during the years 1924, 1925 and 1926, together with the counties and county boroughs comprised in the district 163

I. LIST OF WITNESSES EXAMINED.

Name of Witness	Public Body represented; or description, if witness appeared in an individual capacity	Date on which evidence was taken
Aherne, Eamonn	Cork Co. Council	10th Feb., 1926
Barry, P. Harold	Cork Co. Council	9th Feb., 1926
Barry, J.	Cork Co. Council	9th Feb., 1926
Beary, Edward	Secretary of Tipperary (S.R.) Co. Bd. of Health	10th March, 1926
Belton, P.	General Council of County Councils	20th Jan., 1926
Belton, Robert	Longford Co. Board of Health	19th October, 1925
Berkery, Seamus	Town Clerk of Clonmel	10th March, 1926
Bohan, J.	Cumann na nGaedheal (Co. Leitrim Executive)	20th October, 1925
Bourke, Patrick	Limerick Co. Borough Board of Health	10th Dec., 1925
Bowler, Rev. M.	C.C., Kanturk	11th Feb., 1926
Boyd-Barrett, Dr. J.	Medical Inspector, Dept. of Local Govt. and Public Health	13th April, 1926
Brennan, D. J.	Sick and Indigent Roomkeepers' Society	19th Jan., 1926
Briody, P.	Cumann na nGaedheal (Co. Leitrim Executive)	20th October, 1925
Broderick, W. J.	Cork Co. Council	10th Feb., 1926
Buchanan, Miss Emily	Formerly a Guardian of Dublin Union	23rd Sept., 1925
Burris, Rev. J. J.	Manager of St. Joseph's Industrial Sch., Clonmel	22nd Sept., 1925
Byrne, Christopher M.	Wicklow Co. Bd. of Health and Grangegorman Mental Hospital Committee	5th Nov., 1925
Byrne, Mrs.	Dublin City Child Welfare Committee	14th July, 1925
Caffrey, Miss May	Secretary of Longford Co. Board of Health	19th October, 1925
Calanan, Eugene	Secretary of Cork Co. Council	10th Feb., 1926
Campbell, M.	Grangegorman Mental Hospital Committee	4th Nov., 1925
Carey, Eamonn	Midleton Urban Council	10th Feb., 1926
Carey, James	Limerick Co. Borough Board of Health	10th Dec., 1925
Carney, Rev. M., B.D.	C. C., Clifden	22nd October, 1925
Carter, Thomas	Longford Co. Council	19th October, 1925
Casey, Dr. Joseph	Dispensary Medical Officer, Clifden	22nd October, 1925
Chenevix, Miss Helen	Irish Women Workers' Union	14th July, 1925
Cleary, R.	Tipperary (N.R.) Co. Board of Health	10th Dec., 1925
Coe, Albert E.	Secretary of St. Patrick's Hospital	13th April, 1926
Collins, John	Officer of Dept. of Local Govt. and Public Health	23rd Sept., 1925
Coonan, Edward A.	Kildare Co. Board of Health	24th Sept., 1925
Corcoran, T.	Cork Co. Council	10th Feb., 1926
Cosgrove, P.	Longford Co. Council	19th October, 1925
Cotter, J.	Ex-Clerk of Cork Union	11th Feb., 1926
Crofts, Mrs.	Inspector, Dept. of Local Govt. and Public Health	14th, 15th July, 1925
Cruice, Miss M. J.	Secretary of St. Patrick's Guild	16th July, 1925
Cunniam, P.	Clerk of Rathdown Union	4th Nov., 1925
Dagg, Ralph J.	Formerly Clerk of Baltinglass Union	15th July, 1925
Davitt, Dr. M.	Visiting Physician of Central Hospital, Galway	22nd October, 1925
Dempsey, F.	Mallow Urban District Council	10th Feb., 1926
Desmond, Miss Lucy	Catholic Aid Society, Liverpool	16th Dec., 1925
Devane, Rev. Richard, S.J.		5th Nov., 1925
Devitt, J. M.	Dun Laoghaire Urban District Council	4th Nov., 1925
Donelan, Dr. J. O'Conor	Resident Medical Superintendent of Grangegorman Mental Hospital	3rd Nov., 1925
Donellan, Alderman Patrick	Limerick Co. Borough Bd. of Health	10th Dec., 1925
Dooris, Patrick	Longford Co. Board of Health	19th October, 1925
Doyle, J. J.	Chief Clerk and Accountant of Grangegorman Mental Hospital Committee	17th Dec., 1926
Drea, E.	Waterford Corporation	10th March, 1926
Drumgoole, T. B.	Secretary (Tempy.), Louth Co. Bd. of Health	4th Nov., 1925
Duff, Francis	Social Worker	21st Jan., 1926
Dunne, J. P.	Mothers' Pension Society	16th July, 1925
Dwyer, Dr. W. C.	A Commissioner of Dublin Union	24th, 25th June, 1925
Eason, Charles	Dublin Christian Citizenship Council	24th Sept., 1925
Egan, D.	Secretary of South Cork Bd. of Public Assistance	9th Feb., 1926
Elder, James J.	Ballinasloe Mental Hospital Committee	22nd October, 1925
Falkiner, Dr. N.	Dublin Christian Citizenship Council	24th Sept., 1925
Fitzgerald, Dr. Alexis	Resident Medical Superintendnet of Waterford District Mental Hospital	10th March, 1926

Name of Witness	Public Body represented; or description, if witness appeared in an individual capacity	Date on which evidence was taken
Fitzgerald, Dr. James J.	Assistant Medical Officer of Cork District Mental Hospital	9th Feb., 1926
Fitzgerald-Kenney, Miss A.	Inspector of Dept. of Local Govt. & Public Health	15th July, 1925
Fleming, Mr. M.	Wicklow Co. Board of Health	4th Nov., 1925
Flynn, Michael	Sec. of Waterford Co. Bd. of Public Assistance	10th March, 1926
Fogarty, W. G.	Secretary of Galway Co. Council	22nd October, 1925
Foley, Dr. Charles H.	Galway Medical Officers' Association	22nd October, 1925
Fry, Thomas	Irish Mental Hospital Workers' Union	3rd Nov., 1925
Gallagher, John	Secretary to Galway Board of Health and Hospital and Dispensaries Committee	22nd October, 1925
Gavin, Dr. Laurence	Resident Medical Superintendent of Mullingar Mental Hospital	19th Jan., 1926
Gould, Dr. P.	Macroom Urban District Council	10th Feb., 1926
Greene, Dr. Thomas	Resident Medical Superintendent of Carlow Mental Hospital	13th April, 1926
Guinness, Mrs. Noel	Formerly a Guardian of Dublin Union	21st Jan., 1926
Guisani, Dr. Joseph	Medical Officer of Cork District Hospital	11th Feb., 1926
Hanafin, John J.	Clerk of Galway Homes and Home Assist. Cttee.	22nd October, 1925
Harrison, Miss S. C.	Social Worker	19th Jan., 1926
Hassett, M. J.	Secretary of Co. Limerick Board of Health	9th Dec., 1925
Healy, John	Secretary of Catholic Instn. for Deaf and Dumb	14th April, 1926
Hogan, Conor, T.D.	Farmers' Union	4th Nov., 1925
Hogan, M.	Tipperary (N.R.) Co. Board of Health	10th Dec., 1925
Humphreys, Dr. Aloysius	Medical Officer, Limerick Borough Hospital	10th Dec., 1925
Hurson, James	Officer of Dept. of Local Govt. and Public Health	10th June, 1925
Irwin, Dr. Peter J.	Resident Medical Superintendent of Limerick Mental Hospital	10th Dec., 1925
Johnston, George	Irish Mental Hospital Workers' Union	3rd Nov., 1925
Joyce, Mgr.	P.P., V.G. (Portumna)	22nd Oct., 1925
Keene, Dr. George H.	Medical Superintendent of Stewart Institution	3rd Nov., 1925
Kelly, Dr. D. L.	Inspector of Mental Hospitals	21st Jan., 1926
Kelly, E.	Monaghan Co. Board of Health	20th Jan., 1926
Kelly, James	Tipperary Ratepayers and Industrial Development Association	14th April, 1926
Kelly, J. S.	Irish Railway Workers' Trade Union	13th April, 1926
Kelly, John	Tipperary Ratepayers and Industrial Development Association	14th April, 1926
Kelly, R.	Bantry Town Commissioners	10th Feb., 1926
Kenny, Dr. Joseph M.	Formerly Medical Officer in charge of Granard Union Hospital	19th Oct., 1925
Kenny, Senator P. W.	General Council of Co. Councils	20th Jan., 1926
Kirby, M.	Town Clerk of Tipperary	14th April, 1926
Kiersey, John	Waterford Co. Council	10th March, 1926
Laffan, Barth.	Formerly Chairman of Limerick Co. Council and Co. Board of Health	10th Dec., 1925
Lang, Martin A.	Officer of Dept. of Local Govt. and Public Health	25th June, 1925
Larkin, William J.	Dublin Tenants' Association	14th April, 1926
Leeper, Dr. Richard R.	Medical Superintendent of St. Patrick's Hospital and Hon. Secretary of the Irish Division of the Medico-Psychological Association	3rd Nov., 1925; 13th April, 1926
Litster, Miss Alice	Insp. of Dept. of Local Govt. and Public Health	16th July, 1925
Lynch, Mrs. M.	Child Welfare Committee, Cork	10th Feb., 1926
Lyndon, G. E. G.	Social Worker	13th April, 1926
MacCathmhaoil, Sean	Town Clerk of Bray	22nd Sept., 1925
MacCormack, Dr. C.	Inspector of Industrial and Reformatory Schools	5th Nov., 1925
MacEvoy, James J.	Dispensary Medical Officer, Granard	19th Oct., 1925
MacLysaght, Seamus	A Commissioner of Dublin Union	11th June, 1925; 23rd June, 1925; 24th June, 1925; 17th Dec., 1926

Name of Witness	Public Body represented; or description, if witness appeared in an individual capacity	Date on which evidence was taken
MacMahon, Miss Anita	Formerly Chairman of the Westport Board of Guardians	13th April, 1926
MacMahon Rt. Hon. James	Society of St. Vincent de Paul	20th Jan., 1926
MacNaghten, Hon. Ethel	Formerly a Guardian of Dublin Union	21st Jan., 1926
McArdle, Thomas J.	Officer of Dept. of Local Govt. and Public Health	27th May, 1925
McCarron, Edward P.	Secretary of Dept. of Local Govt. and Public Health	24th Sept., 1925 14th April, 1926
McCarroll, Rev. Fr.	P.P., Coolock	22nd Sept., 1925
McCarthy, Callaghan	Officer of Dept. of Local Govt. and Public Health	25th June, 1925
McCarthy, Dr. Owen F.	Resident Medical Superintendent of Cork District Mental Hospital	9th Feb., 1926
McCarthy, Thomas	Wexford Co. Board of Health	4th Nov., 1925
McCormack, John	Limerick Co. Board. of Health	9th Dec., 1925
McGrath, Dr. Michael S.	Medical Officer of Health for Limerick	10th Dec., 1925
McMullin, Dr. Joseph C.	Surgeon of the Co. Hospital, Cavan	3rd Nov., 1925
McNaught, Dr. C. E.	Superintendent Medical Officer of Health for Rathmines and Rathgar	5th Nov., 1925
McNeill, Miss Margaret	Assist. Inspector of Industrial & Reform'ry Schs.	5th Nov., 1925
Magner, Dr. Edward	Cork Co. Council	10th Feb., 1926
Markey, Mrs. Mary L.	Grangegorman Mental Hospital Committee	4th Nov., 1925
Martin, Dr. James C.	Resident Medical Superintendent of Tirconaill Mental Hospital	19th Jan., 1926
Masterson, Very Rev. Canon	Cumann na nGaedheal (Leitrim Executive)	20th October, 1925
Michie, Miss	Superintendent of Jubilee Nurses	20th Jan., 1926
Micks, William L.	Formerly member of Local Government Board and Congested Districts Board	23rd Sept., 1925
Miller, Alfred	Registrar of Bloomfield Instn. for the Insane	13th April, 1926
Mills, Dr. John	Resident Medical Superintendent of Ballinasloe Mental Hospital	22nd October, 1925
Moloney, Dr. Charles B.	Assistant Medical Officer of Limerick District Mental Hospital	10th Dec., 1925
Monahan, P.	Commissioner for Cork Co. Borough and South Cork Board of Public Assistance	9th Feb., 1926
Mooney, Andrew	Cumann na nGaedheal (Leitrim Executive)	20th Ocotber, 1925
Muldoon, John, K.C.	Registrar to Chief Justice	3rd Nov., 1925
Murphy, Canon	Governors of Co. Hospital and South Charitable Infirmary, Cork	11th Feb., 1926
Murphy, Dr. John	Visiting Physician of St. Vincent's Institution for the Insane	14th April, 1926
Nunan, J.	Mallow Urban District Council	10th Feb., 1926
O'Briain, Sean	Midleton Urban District Council	10th Feb., 1926
O'Brien, Paul A.	Mayor of Limerick	9th Dec., 1925
O'Byrne, Sean	Member of Wexford Co. Board of Health	4th Nov., 1925
O'Carroll, Nicholas	Formerly Master of Ballinasloe Workhouse	22nd Oct., 1925
O'Connell, Richard	Tipperary (S.R.) Board of Health	10th March, 1926
O'Connor, Miss Mary	Irish Women Workers' Union	14th July, 1925
O'Connor, M. J.	Gen. Sec., Irish Mental Hospital Workers' Union	3rd Nov., 1925
O'Daly, Dr. P.	Mayo Co. Board of Health	20th Jan., 1926
O'Doherty, Rev. John	Tirconaill Mental Hospital Committee	19th Jan., 1926
O'Donnell, Very Rev. John	P.P., Kilmacthomas	10th March, 1926
O'Donoghue, Dr. Patrick	Macroom Urban District Council	10th Feb., 1926
O'Farrell, Rev. P.	C.C., Granard	19th October, 1925
O'Farrell, Sean	Commissioner for Kerry and North and West Cork Boards of Health	10th, 11th Feb., 1926
O'Flaherty, S.	Secretary of the Tirconaill Co. Board of Health	19th Jan., 1926
O'Flynn, Alderman P.	Limerick Co. Borough Board of Health	10th Dec., 1925
O'Gorman, David L.	Cork Co. Council	9th Feb., 1926
O'Hara, P.	Mayo Co. Board of Health	20th Jan., 1926
O'Mahony, P. C.	Secretary to Kerry Co. Board of Health	11th Feb., 1926
O'Mara, Dr. Frank	Resident Medical Superintendent of Co. Clare Mental Hospital, Ennis	9th Dec., 1925
O'Meara, D. F.	Clonmel Corporation	10th March, 1926
O'Sullivan, Professor	Medical Officer of Cork District Hospital	11th Feb., 1926
Perry, J. G.	Assistant Registrar to Chief Justice	21st Jan., 1926

Name of Witness	Public Body represented; or description, if witness appeared in an individual capacity	Date on which evidence was taken
Philpot, William	Cork Co. Council	11th Feb., 1926
Pim, S. E.	Member of Grangegorman Mental Hospital Committee and Wicklow Co. Council	4th Nov., 1925
Power, George	Fermoy Urban District Council	10th Feb., 1926
Power, Mrs. Jane	Commissioner for Dublin Union	14th July, 1925
Price, Miss K. N.	Secretary of the Irish Nurses' Union	23rd Sept., 1925
Purser, Dr. Francis C.	M.D., F.R.C.P.I.	14th July, 1925
Quilligan, John	Secretary of Limerick Borough Board of Health	9th, 10th Dec., 1925
Quinlan, Michael	Limerick Co. Board of Health	9th Dec., 1925
Quinlan, W. F.	Secretary of Kerry Co. Council	11th Feb., 1926
Regan, Maurice	Secretary of North Cork Board of Health	9th Feb., 1926
Reidy, James	Mayor of Clonmel	10th March, 1926
Rossiter, Dr. T. J.	Dispensary Medical Officer, Ballinasloe	22nd October, 1925
Russell, J. H.	Cork Co. Council	9th Feb., 1926
Ryan, F. W.	President of Children's (Street Trading) Court	5th Nov., 1925
Ryan, Brother P. O.	Artane Industrial School	22nd Sept., 1925
Simcox, R.	Governors of South Cork Charitable Infirmary and Co. Hospital	11th Feb., 1926
Sinoid, T. D.	Clerk of Wexford Co. Board of Health	4th Nov., 1925
Smith, L. S.	Officer of Dept. of Local Govt. and Public Health	10th, 11th June, 1925
Spiller, W. H.	Secretary of West Cork Board of Health	9th Feb., 1926
Stephenson, Dr. E. F.	Principal Medical Officer of Dept. of Local Govt and Public Health	2nd June, 1925 25th June, 1925
Sullivan, J.	Cork Co. Council	9th Feb., 1926
Sweeney, F. T., B.L.	St. Vincent de Paul Society	20th Jan., 1926
Thorpe, William	Wexford Co. Board of Health	4th Nov., 1925
Walsh, E.	Formerly Sec. of Leitrim Co. Board of Health	20th October, 1925
Walsh, M. H.	Town Clerk of Youghal	10th Feb., 1926
White, Mrs. Sarah	Waterford Corporation	10th March, 1926

II. LIST OF UNIONS IN 1921, AND THE COUNTIES IN WHICH SITUATE.

MUNSTER.

Co. CLARE (7).
Ballyvaughan.
Corrofin.
Ennis.
Ennistymon.
Killadysert.
Kilrush.
Scariff.

Co. CORK (16).
Bandon.
Bantry.
Castletown.
Clonakilty.
Cork.
Dunmanway.
Fermoy.
Kanturk.
Kinsale.
Macroom.
Mallow.
Midleton.
Millstreet.
Skibbereen.
Skull.
Youghal.

Co. KERRY (6).
Caherciveen.
Dingle.
Kenmare.
Killarney.
Listowel.
Tralee.

Co. LIMERICK (5).
Croom.
Kilmallock.
Limerick.
Newcastle.
Rathkeale.

Co. TIPPERARY N.R. (4).
Borrisokane.
Nenagh.
Roscrea.
Thurles.

Co. TIPPERARY S.R. (5).
Carrick-on-Suir.
Cashel.
Clogheen.
Clonmel.
Tipperary.

Co. WATERFORD (4).
Dungarvan.
Kilmacthomas.
Lismore.
Waterford.

LEINSTER.

Co. CARLOW (1).
Carlow.

Co. DUBLIN (3).
Balrothery.
Dublin.
Rathdown.

Co. KILDARE (3).
Athy.
Celbridge.
Naas.

Co. KILKENNY (5).
Callan.
Castlecomer.
Kilkenny.
Thomastown.
Urlingford.

LAOIGHIS (2).
Abbeyleix.
Mountmellick.

Co. LONGFORD (3).
Ballymahon.
Granard.
Longford.

Co. LOUTH (3).
Ardee.
Drogheda.
Dundalk.

Co. MEATH (5).
Dunshaughlin.
Kells.
Navan.
Oldcastle.
Trim.

OFFALY (3).
Birr.
Edenderry.
Tullamore.

Co. WESTMEATH (3).
Athlone.
Delvin.
Mullingar.

Co. WEXFORD (4).
Enniscorthy.
Gorey.
New Ross.
Wexford.

Co. WICKLOW (3).
Baltinglass.
Rathdrum.
Shillelagh.

CONNAUGHT.

Co. GALWAY (10).
Ballinasloe.
Clifden.
Galway.
Glenamaddy.
Gort.
Loughrea.
Mountbellew.
Oughterard.
Portumna.
Tuam.

Co. LEITRIM (3).
Carrick-on-Shannon.
Manorhamilton.
Mohill.

Co. MAYO (7).
Ballina.
Ballinrobe.
Belmullet.
Castlebar.
Claremorris.
Swineford.
Westport.

Co. ROSCOMMON (4).
Boyle.
Castlerea.
Roscommon.
Strokestown.

Co. SLIGO (3).
Dromore West.
Sligo.
Tobercurry.

ULSTER (3 COUNTIES).

Co. CAVAN (3).
Bailieborough.
Bawnboy.
Cavan.

TIRCONAILL (8).
Ballyshannon.
Donegal.
Dunfanaghy.
Glenties.
Inishowen.
Letterkenny.
Milford.
Stranorlar.

Co. MONAGHAN (4).
Carrickmacross.
Castleblayney.
Clones.
Monaghan.

III.—TABLE SHOWING THE AMOUNTS ALLOWED FOR HOME ASSISTANCE FOR THE WEEK ENDED 27TH MARCH, 1926.

(Payments for boarded-out children, Provisional Relief and Relief under Section 13 of the Local Government Act, 1898, excluded).

County	Under 2s. 6d.		2s. 6d. and under 5s.		5s. and under 7s. 6d.		7s. 6d. and under 10s.		10s. and under 12s. 6d.		12s. 6d. and under 15s.		15s. and over		Total	
	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons
Carlow	—	—	94	139	159	254	29	72	16	87	2	13	2	15	302	580
Cavan	1	1	169	206	186	274	31	81	17	73	6	15	1	10	411	660
Clare	12	12	78	102	602	880	230	490	99	354	21	88	18	92	1,060	2,018
Cork, North ..	4	4	97	106	361	503	65	159	50	222	9	45	25	172	611	1,211
Cork, South ..	1	2	694	787	667	1,006	142	470	160	745	14	120	28	144	1,706	3,274
Cork, West	1	1	113	129	207	367	70	149	44	209	4	26	21	111	460	992
Galway	3	3	92	147	191	325	52	175	20	111	1	5	–	–	359	766
Kerry	59	60	428	511	299	659	51	219	34	190	–	–	4	33	875	1,672
Kildare	2	2	29	30	339	383	28	56	139	373	22	94	27	103	586	1,041
Kilkenny	4	4	110	148	224	323	44	162	53	229	9	50	6	34	450	950
Laoighis	11	14	55	83	132	178	118	226	48	214	18	104	20	141	402	960
Leitrim	–	–	118	135	75	150	17	84	4	27	–	–	–	–	214	396
Limerick	2	2	325	397	219	413	35	143	55	299	9	61	9	67	654	1,382
Limerick Co. Boro'	2	3	100	115	241	350	38	104	17	71	2	12	3	19	403	674
Longford	1	1	115	169	47	102	15	66	5	13	1	6	2	12	186	369
Louth	7	12	178	228	303	546	84	306	83	408	19	96	14	93	688	1,689
Mayo*	63	87	435	787	261	532	66	157	14	46	–	–	–	–	839	1,609
Meath	1	1	71	90	317	399	23	68	36	142	16	71	23	144	487	915
Monaghan	34	39	130	241	34	90	15	67	3	21	4	14	–	–	220	472
Offaly	15	26	126	158	143	262	15	78	9	38	7	40	–	–	315	602
Roscommon.. ..	1	2	142	170	87	176	15	53	6	28	3	19	–	–	254	448
Sligo	3	3	93	118	188	326	54	138	37	178	2	9	4	25	381	797
Tipperary N. R. ..	4	4	215	243	117	200	29	91	21	87	3	21	3	23	392	669
Tipperary S.R. ..	3	3	97	135	358	547	93	222	74	301	5	24	14	96	644	1,328
Tirconaill	3	3	235	437	308	821	47	229	21	106	–	–	2	10	676	1,606
Waterford	4	8	146	226	446	738	195	524	99	469	29	171	26	189	945	2,325
Westmeath	1	1	25	32	201	298	144	275	81	262	2	11	5	32	459	911
Wexford	13	15	217	309	501	966	74	271	44	217	4	21	–	–	853	1,799
Wicklow	–	–	52	59	364	483	89	204	23	103	22	97	10	67	560	1,013
Dublin Unions.																
Balrothery	–	–	4	4	41	44	67	69	25	54	6	19	16	80	159	270
Dublin	1	1	36	44	366	436	1,831	2,154	360	915	273	887	397	2,038	3,264	6,475
Rathdown	1	1	4	5	141	204	104	151	68	254	7	39	13	50	338	704
Total ..	257	315	4,883	6,490	8,125	13,235	3,910	7,713,	1,765	6,846	520	2,178	693	3,800	20,153	40,577

* Returns for the Districts of Ballinrobe and Bangor Erris not received.

IV.—TABLE SHOWING THE NUMBER OF UNMARRIED MOTHERS IN COUNTY HOMES AND SPECIAL INSTITUTIONS ON THE 27TH MARCH, 1926.

County	First Offenders	Others	Total	County	First Offenders	Others	Total
Carlow	9	14	23	Monaghan	9	7	16
Cavan	10	4	14	Offaly	26	7	33
Clare	26	16	42*	Roscommon ..	12	3	15
Cork, North ..	3	26	29	Sligo	8	7	15
Cork, South ..	78	44	122†	Tipperary, N.R. ..	16	13	29
Cork, West ..	12	4	16	Tipperary, S.R. ..	20	19	39
Galway	19	1	20‡	Tirconaill .. .	32	10	42
Kerry	31	12	43	Waterford .. .	20	20	40
Kildare	28	9	37	Westmeath ..	16	9	25
Kilkenny	20	21	41	Wexford	27	8	35
Laoighis	15	21	36	Wicklow	11	7	18
Leitrim	13	2	15				
Limerick	11	33	44	*Dublin Unions*—			
Limerick Co. Boro'	9	1	10	Balrothery ..	—	—	—
Longford	5	5	10	Dublin	94	30	124‖
Louth	8	11	19§	Rathdown ..	—	—	—
Mayo	26	12	38				
Meath	15	15	30	Total	629	391	1020

* In County Nursery. † 70 in Bessboro Home. ‡ 14 in special institution. § In district hospitals.
‖ 109 in special institution.

V.—TABLE SHOWING THE NUMBER OF ILLEGITIMATE BIRTHS IN THE YEARS 1906 TO 1925 AND THE PROPORTION PER CENT. OF TOTAL BIRTHS.

Year.	Illegitimate Births.		Year.	Illegitimate Births.	
	No.	Proportion per cent. of total Births.		No.	Proportion per cent. of total Births.
1906	1459	2.02	1916	1530	2.36
1907	1407	1.99	1917	1537	2.50
1908	1411	1.98	1918	1509	2.47
1909	1519	2.11	1919	1668	2.70
1910	1586	2.21	1920	1819	2.71
1911	1508	2.11	1921	1603	2.63
1912	1547	2.19	1922	1520	2.58
1913	1543	2.20	1923	1624	2.63
1914	1599	2.31	1924	1677	2.65
1915	1689	2.50	1925	1662	2.68

VI.—TABLE SHOWING THE NUMBER OF LUNATICS, IDIOTS, AND IMBECILES IN POOR LAW INSTITUTIONS ON THE 31ST DECEMBER, 1925.

Mental Hospital District	Counties and County Boroughs comprised in Districts	Number of Lunatics, Idiots, and Imbeciles in the Poor Law Institutions in each County.								
		Lunatics			Idiots and Imbeciles			Total		
		M.	F.	T.	M.	F.	T.	M.	F.	T.
Ballinasloe	Galway	72	58	130	13	19	32	85	77	162
	Roscommon	10	11	21	19	15	34	29	26	55
Carlow	Carlow	–	–	–	11	22	33	11	22	33
	Kildare	6	4	10	18	22	40	24	26	50
Castlebar	Mayo	7	2	9	18	22	40	25	24	49
Clonmel	Tipperary N.R.	–	1	1	23	28	51	23	29	52
	Tipperary S.R.	–	–	–	20	33	53	20	33	53
Cork, including Youghal Auxiliary	Cork County and County Borough	19	91	110	60	40	100	79	131	210
Ennis	Clare	–	–	–	52	58	110*	52	58	110
Enniscorthy	Wexford	–	–	–	23	43	66	23	43	66
Grangegorman	Dublin Co. and Co. Borough	83	125	208	16	38	54	99	163	262
	Louth	8	25	33	7	8	15	15	33	48
	Wicklow	1	–	1	9	13	22	10	13	23
Kilkenny	Kilkenny	–	–	–	5	3	8	5	3	8
Killarney	Kerry	–	–	–	73	51	124	73	51	124
Letterkenny	Tirconaill	–	–	–	25	32	57	25	32	57
Limerick	Limerick Co.	–	–	–	66	72	138	66	72	138
	Limerick Co. Boro'.	–	–	–	8	24	32	8	24	32
Monaghan	Cavan	–	–	–	–	–	–	–	–	–
	Monaghan	–	–	–	30	25	55	30	25	55
Mullingar	Longford	–	–	–	19	23	42	19	23	42
	Meath	8	9	17	3	1	4	11	10	21
	Westmeath	–	–	–	8	10	18	8	10	18
Portlaoighise	Laoighis	–	–	–	10	8	18	10	8	18
	Offaly	1	4	5	4	15	19	5	19	24
Sligo	Leitrim	–	–	–	12	19	31	12	19	31
	Sligo	–	–	–	14	37	51	14	37	51
Waterford	Waterford Co. and and Co. Boro'.	15	18	33	18	29	47	33	47	80
	Totals	230	348	578	584	710	1,294	814	1,058	1,872

* Excluding two male patients maintained in the County Home under the provisions of section 9 of the Lunatic Asylums Act, 1875.

VII.—TABLE SHOWING THE NUMBER OF INMATES OF COUNTY HOMES AND WORK-HOUSES ON THE 27TH MARCH, 1926, OVER SEVENTY YEARS OF AGE WHO WERE NOT IN RECEIPT OF OLD AGE PENSIONS.

County	Men	Women	Total
Carlow	26	11	37
Cavan	14	15	29
Clare	66	44	110
Cork, North	48	46	94
Cork, South	80	34	114*
Cork, West	27	26	53
Galway	101	59	160
Kerry	35	25	60
Kildare	34	22	56
Kilkenny	40	29	69
Laoighis	29	31	60
Leitrim	15	9	24
Limerick	40	55	95
Limerick County Borough ..	4	15	19
Longford	19	17	36
Louth	8	8	16†
Mayo	45	33	78
Meath	23	12	35
Monaghan	20	11	31
Offaly	32	26	58
Roscommon	32	25	57
Sligo	36	38	74
Tipperary N. R.	38	47	85
Tipperary S. R.	52	38	90
Tirconaill	27	14	41
Waterford	34	27	61
Westmeath	43	14	57
Wexford	29	36	65
Wicklow	25	20	45
DUBLIN UNIONS.			
Balrothery‡	—	—	—
Dublin	118	180	298
Rathdown	—	6	6
Total	1,140	973	2,113

* Including Midleton Auxiliary Home.
† In District Hospitals.
‡ Workhouse closed.

VIII.—TABLE SHOWING THE NUMBER OF NEW CASES ATTENDED IN THE YEAR ENDED 31ST MARCH, 1925, BY DISPENSARY MEDICAL OFFICERS AND MIDWIVES.

County	Cases Attended by Medical Officers			Cases Attended by Dispensary Midwives
	At Dispensaries	At Patients' Residences	Total	
Carlow	5,556	2,317	7,873	227
Cavan	5,843	2,234	8,077	392
Clare	7,869	2,583	10,452	624
North Cork	10,783	3,702	14,485	529
South Cork	31,790	8,642	40,432	689
West Cork	7,086	2,014	9,100	322
Dublin (Co. and Co. Boro')	145,109	28,391	173,500	643
Galway	9,927	2,713	12,640	632
Kerry	12,248	5,317	17,565	1,143
Kildare	15,323	3,976	19,299	751
Kilkenny	9,334	2,956	12,290	539
Laoighis	5,509	1,934	7,443	159
Leitrim	4,672	764	5,436	74
Limerick County ..	12,274	3,741	16,015	913
Limerick (Co. Boro') ..	5,072	2,149	7,221	90
Longford	2,740	754	3,494	99
Louth	5,648	3,289	8,937	470
Mayo	5,662	1,572	7,234	262
Meath	4,206	1,941	6,147	573
Monaghan	2,203	1,008	3,211	—
Offaly	7,684	1,971	9,655	363
Roscommon	6,457	1,236	7,693	554
Sligo	5,155	1,244	6,399	155
Tipperary (N.R.) ..	5,861	2,071	7,932	355
Tipperary (S. R.) ..	16,360	4,578	20,938	496
Tirconaill	10,263	3,130	13,393	962
Waterford (Co. and Co. Boro')	14,893	4,512	19,405	445
Westmeath	7,061	3,413	10,474	277
Wexford	13,938	4,222	18,160	633
Wicklow	15,969	6,118	22,087	475
Total ..	412,495	114,492	526,987	13,846

IX.—TABLE SHOWING THE NUMBER OF DISPENSARY MIDWIVES IN EACH COUNTY AND THEIR SALARIES OR SCALES OF SALARY.

(Note.—The number in brackets after a salary indicates the number of midwives paid at that particular rate. Where a scale has been fixed the minimum, the annual increment and the maximum are shown. Salaries in respect of half districts are not shown).

County	Number of Midwives	Annual Salary
Carlow	10	£52 (5) ; £51 (3) ; £42 10s. 0d. (1).
Cavan	22	£40—£1—£50 (2) ; £35 (17).
Clare	26	£50—£1—£67.
Cork : North ..	82	£50—£1—£67.
South ..		£40—£2—£67 (5) ; £52 (1) ; £40—£1—£52 (15) ; £40—£1—£55 (5) ; £37 (5) ; £35 (6) ; £30 (1) ; £22 (1).
West ..		£40—£2—£60.
Galway	40	£52.
Kerry	31	£40—£1—£52.
Kildare	19	£50—£2—£67.
Kilkenny	20	£40—£1—£67.
Laoighis	19	£40—£1—£65.
Leitrim	12	£30.
Limerick : County ..	30	£50—£1—£67.
Co. Boro' ..		£67.
Longford	10	£60 (1) ; £45 (2) ; £40(1) ; £30 (4).
Louth	13	£55—£5 *—£75 (1) ; £50—£1—£67 (6) ; £40—£5 *—£60 (1) ; £40—£1—£52 (4).
Mayo	34	£50 (1) ; £45 (5) ; £40 (6) ; £35 (4) ; £30 (8) ; £25 (9) ; £20 (1).
Meath	23	£50—£2—£67.
Monaghan	13	£40.
Offaly	17	£50—£1—£67.
Roscommon	21	£40.
Sligo	16	£35—£1—£52.
Tipperary : North Riding ..	18	£52—£2—£67.
South Riding ..	23	£52 (6) ; £50 (5) ; £40 (5) ; £35 (1) ; £42 19 0 (1) ; £30 (1) ; £25 (2).
Tirconaill	43	£40—£1—£50.
Waterford Co. and Co. Boro' ..	24	£49 (1) ; £48 (1) ; £45 (17) ; £40 (2).
Westmeath	20	£52 (2) ; £50 (4) ; £45 (1) ; £43 (6) ; £42 (2) ; £38 (1).
Wexford	23	£50—£1—£67.
Wicklow	18	£50—£1—£67.
UNIONS IN DUBLIN CITY AND CO.		
Balrothery ..	30	£50—£1—£67.
Dublin		£67 (3) ; £40—£1—£52.
Rathdown ..		£50—£2—£67.

* Decennial increments.

X. (*a*)—TABLE SHOWING THE NUMBER OF PERSONS IN RECEIPT OF RELIEF ON 1ST OCTOBER, 1913, AND 31ST MARCH, 1926, IN THE UNIONS OF BALROTHERY, DUBLIN, AND RATHDOWN.

	On 1st October, 1913				On 31st March, 1926		
	Balrothery	North Dublin *	South Dublin *	Rathdown	Balrothery	Dublin †	Rathdown ‡
In Workhouse	154	2,238	3,726	443	—	4,050	85
Outdoor :							
Boarded out children ..	25	222	130	102	20	202	89
All other persons	278	2,073	2,374	496	503	6,873	727
Total	457	4,533	6,230	1,041	523	11,125	901
In extern Institutions	4	139	137	46	1	84	—

X. (*b*)—TABLE SHOWING THE EXPENDITURE DURING THE YEAR ENDED 30TH SEPTEMBER, 1914, AND THE YEAR ENDED 31ST MARCH, 1926, OF THE UNIONS OF BALROTHERY, DUBLIN, AND RATHDOWN.

	During Year ended 30th September, 1914.				During Year ended 31st March, 1926.		
	Balrothery	North Dublin *	South Dublin *	Rathdown	Balrothery	Dublin †	Rathdown ‡
	£	£	£	£	£	£	£
In Maintenance	2,234	26,957	45,720	5,498	371	65,844	2,724
Outdoor Relief	1,855	8,387	6,860	3,371	4,681	80,512	7,406
Medical Charities	1,843	5,348	6,759	3,077	3,177	20,218	4,239
Other Expenditure	2,415	28,335	37,044	7,655	4,509 §	82,744	14,160 ‖
Total	8,347	69,027	96,383	19,601	12,738	249,318	28,529

* The North and South Dublin Unions were amalgamated in 1918.
† Celbridge No. 2 Rural District was added to Dublin Union in 1923.
‡ The administration of Rathdown No. 2 Rural District was transferred to Wicklow Board of Health by the County Scheme.
§ Including £806 paid for maintenance of inmates transferred to Dublin Workhouse.
‖ Including £1,000 paid for maintenance of inmates transferred to Dublin Workhouse.

XI.—SUMMARY TABLE OF EXPENDITURE BY BOARDS OF HEALTH AND IN THE CITY AND COUNTY OF DUBLIN BY THE POOR LAW AUTHORITIES FOR THE YEAR ENDED 31ST MARCH, 1925; ALSO SHOWING THE POUNDAGE ON THE VALUATION OF THE TOTAL EXPENDITURE BY BOARDS OF GUARDIANS IN THE YEARS ENDED 31ST MARCH, 1902, AND 30TH SEPTEMBER, 1914.

County Board of Health	Total Expenditure by Board of Health	Payments made by Co. Council in respect of superannuation allowances of former Union Officers and other Union liabilities	Total Expenditure (Columns 2 and 3)	Rateable Value per head of population	Average Cost per head of population		Poundage on Valuation		Poundage on the Valuation of the total Expenditure by Boards of Guardians (exclusive of expenditure out of loans) in the years ended 31st March, 1902, and 30th September, 1914		
					Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Union	1902	1914
1	2	3	4	5	6	7	8	9	10	11	12
	£	£	£	£ s. d.	s. d.	s. d.	s. d.	s. d.		s. d.	s. d.
Carlow	20,809	1,064	21,873	4 19 1	12 1	12 8	2 5	2 7	Carlow	1 9½	1 11½
Cavan	28,901	1,865	30,766	3 7 11	7 0	7 6	2 1	2 2	Bailieborough ..	1 9½	1 10½
									Bawnboy	1 3½	1 2½
									Cavan	1 1½	1 1½
									Cootehill	1 0½	1 1½
Clare	68,720	16,146	84,866	3 8 5	14 6	17 10	4 3	5 3	Ballyvaghan	1 11½	1 9½
									Corofin	2 5½	2 4
									Ennis	3 0½	2 11
									Ennistymon	2 11½	2 10½
									Killadysert	2 2½	2 4½
									Kilrush	3 5	2 10½
									Scariff	2 4½	2 2
									Tulla	2 4½	
North Cork	36,241	8,577	44,818	4 10 3	8 10	10 11	1 11	2 5	Fermoy	1 3½	1 5
									Kanturk	2 3½	2 2½
									Mallow	1 9½	2 0½
									Millstreet	2 10½	2 5½
South Cork * ..	96,105	2,371	98,476	3 11 5	9 3	9 5	2 7	2 8	Bandon	1 5½	1 9
									Cork	2 9½	2 8
									Kinsale	1 6	1 7½
									Macroom	2 1	1 9½
									Midleton	1 11½	1 9
									Youghal	2 0½	2 3
West Cork	23,161	1,769	24,930	2 11 2	6 2	6 8	2 5	2 7	Bantry	2 7½	2 11½
									Castletown	4 0	3 9½
									Clonakilty	2 1½	1 10
									Dunmanway	1 11½	2 2½
									Skibbereen	2 8	2 4½
									Skull	2 9½	3 2

* Including County Borough.

XI.—SUMMARY TABLE OF EXPENDITURE BY BOARDS OF HEALTH AND IN THE CITY AND COUNTY OF DUBLIN BY THE POOR LAW AUTHORITIES FOR THE YEAR ENDED 31ST MARCH, 1925; ALSO SHOWING THE POUNDAGE ON THE VALUATION OF THE TOTAL EXPENDITURE BY BOARDS OF GUARDIANS IN THE YEARS ENDED 31ST MARCH, 1902, AND 30TH SEPTEMBER, 1914—*continued.*

County Board of Health	Total Expenditure by Board of Health	Payments made by Co. Council in respect of superannuation allowances of former Union Officers and other Union liabilities	Total Expenditure (Columns 2 and 3)	Rateable Value per head of population	Average Cost per head of population		Poundage on Valuation		Poundage on the Valuation of the total Expenditure by Boards of Guardians (exclusive of expenditure out of loans) in the years ended 31st March, 1902, and 30th September, 1914		
					Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Union	1902	1914
1	2	3	4	5	6	7	8	9	10	11	12
	£	£	£	£ s. d.	s. d.	s. d.	s. d.	s. d.		s. d.	s. d.
Galway	80,526	7,721	88,247	2 17 9	9 6	10 5	3 4	3 7	Ballinasloe	1 7½	1 9½
									Clifden	3 10½	4 1½
									Galway	2 11½	3 4½
									Glenamaddy	1 11½	2 4
									Gort	2 1½	2 1½
									Loughrea	1 4½	1 4½
									Mount Bellew	1 8	1 10½
									Oughterard	3 7½	3 10
									Portumna	1 10	1 11½
									Tuam	2 0½	1 11½
Kerry	63,664	8,295	71,959	2 1 8	8 5	9 6	4 1	4 7	Caherciveen	3 6½	3 8½
									Dingle	3 9½	4 8
									Kenmare	3 7½	3 0½
									Killarney	2 6½	2 8½
									Listowel	2 10	3 3
									Tralee	2 3½	2 8½
Kildare	54,122	4,962	59,084	5 16 0	18 8	20 4	3 3	3 6	Athy	1 7½	1 11½
									Celbridge	1 4½	1 4
									Naas	1 3½	1 4
Kilkenny	36,942	3,842	40,784	5 2 10	10 5	11 6	2 0	2 3	Callan	2 0½	1 11½
									Castlecomer	2 4½	2 4½
									Kilkenny	2 2½	2 2½
									Thomastown	1 4½	1 4½
									Urlingford	1 8½	1 5½
Laoighis	35,838	3,750	39,588	5 0 10	13 11	15 4	2 9	3 1	Abbeyleix	1 6	1 2½
									Mountmellick	1 5½	1 7½
Leitrim	16,833	1,522	18,355	2 10 0	6 0	6 7	2 5	2 8	Carrick-on-Shannon ..	1 9½	1 6½
									Manorhamilton ..	1 8	1 9½
									Mohill	2 3½	1 9½

XI.—SUMMARY TABLE OF EXPENDITURE BY BOARDS OF HEALTH AND IN THE CITY AND COUNTY OF DUBLIN BY THE POOR LAW AUTHORITIES FOR THE YEAR ENDED 31ST MARCH, 1925; ALSO SHOWING THE POUNDAGE ON THE VALUATION OF THE TOTAL EXPENDITURE BY BOARDS OF GUARDIANS IN THE YEARS ENDED 31ST MARCH, 1902, AND 30TH SEPTEMBER, 1914—*continued.*

County Board of Health	Total Expenditure by Board of Health	Payments made by Co. Council in respect of superannuation allowances of former Union Officers and other Union liabilities	Total Expenditure (Columns 2 and 3)	Rateable Value per head of population	Average Cost per head of population		Poundage on Valuation		Poundage on the Valuation of the total Expenditure by Boards of Guardians (exclusive of expenditure out of loans) in the years ended 31st March, 1902, and 30th September, 1914		
					Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Union	1902	1914
1	2	3	4	5	6	7	8	9	10	11	12
	£	£	£	£ s. d.	s. d.	s. d.	s. d.	s. d.		s. d.	s. d.
Limerick	71,594	12,628	84,222	4 14 8	14 3	16 10	3 0	3 7	Croom	2 1½	2 0½
									Kilmallock	1 11½	2 0½
									Limerick	2 10½	3 0½
									Newcastle	2 3	2 2½
									Rathkeale	2 4	2 3
Limerick County Borough	26,702	7,489	34,191	1 19 3	13 5	17 3	6 10	8 9	Limerick	2 10½	3 0½
Longford	16,228	2,159	18,387	3 17 8	8 2	9 3	2 1	2 5	Ballymahon	1 6½	1 4
									Granard	1 3	1 1½
									Longford	1 10½	2 0½
Louth	26,350	6,743	3,309	4 1 3	8 5	10 7	2 1	2 7	Ardee	1 0½	1 2
									Drogheda	1 7½	1 7½
									Dundalk	1 8½	1 9½
Mayo	44,208	2,242	46,450	1 19 0	5 1	5 5	2 8	2 9	Ballina	2 0½	2 1½
									Ballinrobe	1 5	1 1
									Belmullet	5 1	4 4½
									Castlebar	1 9½	1 7½
									Claremorris	1 9½	1 11½
									Killala	2 2	2 4½
									Swinford	2 5½	2 9½
									Westport	2 6½	2 9
Meath	38,879	12,690	51,569	8 16 9	12 4	16 5	1 5	1 10	Dunshaughlin	1 0½	0 11½
									Kells	1 8½	1 3½
									Navan	1 8	1 6½
									Oldcastle	1 6	1 3
									Trim	1 5½	1 2½
Monaghan	25,455	—	25,455	4 5 4	—	7 10	—	1 10	Carrickmacross	1 2	1 3½
									Castleblayney	1 3	1 3½
									Clones	0 9½	0 11½
									Monaghan	0 10½	0 9

XI.—SUMMARY TABLE OF EXPENDITURE BY BOARDS OF HEALTH AND IN THE CITY AND COUNTY OF DUBLIN BY THE POOR LAW AUTHORITIES FOR THE YEAR ENDED 31st MARCH, 1925; ALSO SHOWING THE POUNDAGE ON THE VALUATION OF THE TOTAL EXPENDITURE BY BOARDS OF GUARDIANS IN THE YEARS ENDED 31st MARCH, 1902, AND 30th SEPTEMBER, 1914—*continued.*

County Board of Health	Total Expenditure by Board of Health	Payments made by Co. Council in respect of superannuation allowances of former Union Officers and other Union liabilities	Total Expenditure (Columns 2 and 3)	Rateable Value per head of population	Average Cost per head of population		Poundage on Valuation		Poundage on the Valuation of the total Expenditure by Boards of Guardians (exclusive of expenditure out of loans) in the years ended 31st March, 1902, and 30th September, 1914		
					Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Union	1902	1914
1	2	3	4	5	6	7	8	9	10	11	12
	£	£	£	£ s. d.	s. d.	s. d.	s. d.	s. d.		s. d.	s. d.
Offaly	36,156	4,943	41,099	4 15 2	13 9	15 8	2 1	3 3	Birr	1 5	1 7½
									Edenderry	1 3½	1 3½
									Tullamore	2 4½	2 6½
Roscommon	23,844	5,062	28,906	3 13 2	5 9	6 11	1 7	1 11	Boyle	1 6½	1 5½
									Castlerea	1 4½	1 6½
									Roscommon	1 7	1 5½
									Strokestown	1 4½	1 4
Sligo	31,459	2,842	34,301	3 0 7	8 10	7 9	2 11	3 2	Dromore West ..	1 6½	1 10½
									Sligo	2 0½	2 3½
									Tobercurry	2 0½	2 10
Tipperary, N. R. ..	31,703	6,487	38,190	4 12 7	10 8	12 10	2 4	2 9	Borrisokane	1 2½	1 2½
									Nenagh	1 7	1 9½
									Roscrea	1 3	1 0½
									Thurles	1 7	1 8½
Tipperary, S. R. ..	52,188	18,619	70,807	5 0 10	12 10	17 5	2 7	3 5	Carrick-on-Suir ..	1 6	1 8½
									Cashel	1 6½	1 4½
									Clogheen	1 11	2 1
									Clonmel	2 5	2 10½
									Tipperary	1 10	1 11½
Tirconaill	49,177	4,631	53,808	2 2 2	6 5	7 1	3 1	3 4	Ballyshannon ..	1 7½	1 8½
									Donegal	1 3½	1 7
									Dunfanaghy	3 0½	2 11½
									Glenties	3 8½	3 4½
									Inishowen	1 8½	1 10½
									Letterkenny	1 5	1 6
									Milford	1 10	2 1
									Stranorlar	1 6	1 5½

XI—SUMMARY TABLE OF EXPENDITURE BY BOARDS OF HEALTH AND IN THE CITY AND COUNTY OF DUBLIN BY THE POOR LAW AUTHORITIES FOR THE YEAR ENDED 31ST MARCH, 1925; ALSO SHOWING THE POUNDAGE ON THE VALUATION OF THE TOTAL EXPENDITURE BY BOARDS OF GUARDIANS IN THE YEARS ENDED 31ST MARCH, 1902, AND 30TH SEPTEMBER, 1914—*continued.*

County Board of Health	Total Expenditure by Board of Health	Payments made by Co. Council in respect of superannuation allowances of former Union Officers and other Union liabilities	Total Expenditure (Columns 2 and 3)	Rateable Value per head of population	Average Cost per head of population		Poundage on Valuation		Poundage on the Valuation of the total Expenditure by Boards of Guardians (exclusive of expenditure out of loans) in the years ended 31st March, 1902, and 30th September, 1914		
					Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Of Expenditure by Board of Health (Column 2)	Of Total Expenditure included in Column 4	Union	1902	1914
1	2	3	4	5	6	7	8	9	10	11	12
	£	£	£	£ s. d.	s. d.	s. d.	s. d.	s. d.		s. d.	s. d.
Waterford * ..	49,083	5,508	54,591	4 1 9	12 6	13 11	3 1	3 5	Dungarvan	2 4½	2 4½
									Kilmacthomas ..	2 3	2 6
									Lismore	2 1½	2 2
									Waterford	1 11½	2 2
Westmeath	34,874	4,927	39,801	5 16 10	12 3	14 0	2 1	2 5	Athlone	1 8	2 2½
									Delvin	1 3½	1 9½
									Mullingar	1 5½	1 3½
Wexford	53,062	3,286	56,348	4 2 6	11 1	11 9	2 8	2 10	Enniscorthy	1 8½	1 6½
									Gorey	1 5½	1 5½
									New Ross	2 0½	2 2½
									Wexford	1 4½	1 4½
Wicklow	35,062	8,340	43,402	5 3 5	12 2	15 1	2 4	2 11	Baltinglass	1 6½	1 5½
									Rathdrum	1 5½	1 6½
									Shillelagh	1 10½	1 10½
Total : Boards of Health	1,207,886	170,480	1,378,366								
		Poor	**Law Unions**	**in the City**	**and County**	**of Dublin.**					
Balrothery Union ..	13,780	—	13,780	5 11 0	—	14 3	—	2 7	Balrothery Union ..	1 5	1 6½
Dublin Union ..	271,482	—	271,482	4 0 3	—	12 5	—	3 1	North Dublin ..	2 6½	2 5½
									South Dublin ..	1 10½	2 0½
Rathdown Union ..	27,942	—	27,942	4 15 0	—	11 1	—	2 4	Rathdown	1 2½	1 3½
Total : Poor Law Unions	313,204	—	313,204								
Grand Total	1,521,090	170,480	1,691,570								

* Including County Borough.

XII.—TABLE SHOWING FOR EACH COUNTY THE RATEABLE VALUE PER HEAD OF POPULATION, THE AMOUNT OF THE GRANTS ON BEHALF OF THE COUNTY BOARDS OF HEALTH AND ASSISTANCE AND BOARDS OF GUARDIANS AND THE AMOUNT OF THE GRANTS PER HEAD OF POPULATION IN RESPECT OF THE YEAR 1924-25.

County	Rateable value per head of population	Grants.				Per head of population
		* Agricultural Grant	Estate Duty Grant	License Duty Grant (to 30-9-'25)	Total	
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	s. d.
Carlow	4 19 1	5,428 10 0	504 8 1	848 19 8	6,781 17 9	3 11
Cavan	3 7 11	6,522 10 0	976 2 6	1,408 14 7	8,907 7 1	2 2
Clare	3 8 5	15,144 10 0	1,704 19 8	2,298 4 10	19,147 14 6	4 0
Cork	3 17 9	37,099 10 0	4,878 6 8	6,692 0 9	48,669 17 5	3 5
Dublin	4 15 3	8,161 10 0	2,175 10 6	3,060 4 1	13,397 4 7	1 5
Galway	2 17 9	15,751 10 0	2,385 10 9	3,428 8 11	21,565 9 8	2 7
Kerry	2 1 8	13,575 0 0	1,820 5 11	2,884 7 9	18,279 13 8	2 5
Kildare	5 16 0	7,328 10 0	1,110 2 9	1,681 19 5	10,120 12 2	3 6
Kilkenny	5 2 10	12,633 0 0	1,636 2 6	2,070 18 10	16,340 1 4	4 7
Laoighis	5 0 10	6,515 10 0	954 18 6	1,268 15 2	8,739 3 8	3 5
Leitrim	2 10 0	4,247 10 0	736 9 3	1,048 18 2	6,032 17 5	2 2
Limerick	4 14 8	22,585 10 0	2,132 6 2	2,843 16 7	27,561 12 9	5 6
Longford	3 17 8	4,483 10 0	530 14 4	764 16 7	5,779 0 11	2 11
Louth	4 1 3	5,809 10 0	761 14 10	963 2 9	7,534 7 7	2 5
Mayo	1 19 0	10,453 10 0	1,782 13 8	2,512 10 1	14,748 13 9	1 9
Meath	8 16 9	17,536 0 0	1,596 13 4	1,850 7 8	20,983 1 0	6 8
Monaghan	4 5 4	4,047 0 0	763 11 10	1,116 11 10	5,927 3 8	1 10
Offaly	4 15 2	6,487 0 0	840 17 7	1,275 3 6	8,603 1 1	3 3
Roscommon ..	3 13 2	8,584 0 0	1,190 18 6	1,623 8 8	11,398 7 2	2 9
Sligo	3 0 7	6,016 10 0	861 0 5	1,403 17 6	8,281 7 11	2 4
Tipperary N.R. ..	4 12 7	7,237 10 0	1,038 12 2	1,430 7 7	9,706 9 9	3 3
,, S.R.	5 0 10	13,460 10 0	1,494 14 3	2,116 8 5	17,071 12 8	4 2
Tirconaill ..	2 2 2	6,313 10 0	1,651 19 1	2,663 18 1	10,629 7 2	1 5
Waterford	5 4 0	9,876 0 0	1,378 15 9	1,657 13 5	12,912 9 2	5 0
Westmeath	5 16 10	9,033 10 0	975 14 4	1,339 19 9	11,349 4 1	4 0
Wexford	4 2 6	11,086 0 0	1,278 13 8	1,964 1 9	14,328 15 5	3 0
Wicklow	5 3 5	6,393 10 0	910 15 2	1,439 6 3	8,743 11 5	3 0
Cork Co. Boro'.	2 8 10	—	786 13 1	1,080 0 1	1,866 13 2	0 6
Dublin Co. Boro'. ..	3 15 5	—	2,616 6 0	3,696 13 10	6,312 19 10	0 5
Limerick Co. Boro'. ..	1 19 3	—	298 0 10	426 6 0	724 6 10	0 4
Waterford Co. Boro'. ..	1 18 5	—	170 7 11	314 7 1	484 15 0	0 4
	—	281,810 10 0	41,944 0 0	59,174 9 7	382,928 19 7	—

* This grant has been doubled for the years 1925-6 and 1926-7.