hydrocephalus with congenital hydrorachis; but none of them suggest the possible production of hydrocephalus, in cases where it does not exist, by the spontaneous or artificial cure of a spina bifida.

Dr. E. Long Fox—in the *Bristol Medico-Chirurgical Journal* for March, 1885—has placed on record a case of spontaneous cure of spina bifida, followed, in some months, by hydrocephalus. In Dr. Fox's case, however, the central canal of the spinal cord was imperfectly closed, and the fluid which flowed during the first four months of life came from this central canal, as proved by the accumulation of nine pints in the cerebral ventricles subsequent to the closure of the open canal in the cord. There was a malformation in the lower part of the cord itself in his case, as verified by post mortem examination, which interfered with nature's efforts at spontaneous cure—in other words, this case was one of "hydrorachis interna."

As a prognosis is nearly all a surgeon can offer to many spina bifida patients, Dr. Fox's observations may, with advantage, be borne in mind. No symptoms of such a sequel have appeared in my patient up to the present, but, indeed, in this case one would scarcely anticipate such a result. It is now three months since the performance of the operation, and the patient is doing well.

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**ART. XII.—The Poor Law Medical Charities System of Ireland.**

By ARCHIBALD HAMILTON JACOB, M.D., F.R.C.S.I.; Ophthalmic Surgeon, Richmond Hospital; Professor of Ophthalmic Surgery, Royal College of Surgeons in Ireland.

GENTLEMEN,—This time last year, Dr. John William Moore, whose then position as Chairman of this Sub-section I have the honour to occupy this evening, addressed you on the subject of "Sanitary Organisation in Ireland in its Medical Aspect," and laid before you a lucid narrative of the causes which produced the breakdown of the Public Health System in Ireland, and the disastrous result of that breakdown upon the health and lives of the people, and upon the prosperity of the country. I believe that I can scarcely occupy your time this evening to greater advantage than to supplement Dr. Moore's observations, by submitting to you a sketch of the Poor Law Medical Service of our country, and by offering for your consideration a few suggestions for its improvement in detail. I feel that as I have never held office myself, as

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either a dispensary or workhouse medical officer, I am more or less open to the complaint that I am intruding as an amateur into the arena more fittingly occupied by those who have acquired personal experience of the working of the Medical Charities System. But I venture to plead that as I have, for the last twenty years, been, in some sense, the depository of the confidences of my brethren who administer that system, I may claim to have thus acquired a knowledge of the minutiae of the system, and of its weak points, which knowledge I may advantageously make use of to inculcate reforms.

The working of the Poor Law Medical Charities System in Ireland, is indeed a subject well deserving of the attention of this Sub-section of the Academy; for it occupies the closest relation to the welfare of the most helpless portion of the population of Ireland, and to the prosperity and producing power of the country, and, moreover, affects the closest interests of the greater number of our own profession throughout the country.

Including in the designation of "Poor Law Medical Charities," the Workhouse Medical Relief System, I find that it affords medical aid annually to over 840,000 persons, or nearly one-fifth of the entire population of the island; of whom over 640,000 may be described as sick when brought within the scope of the system. But in addition to the relief of the indigent sick, which is their special function, the Poor Law Medical Officers of Ireland have the medical charge of the Constabulary, numbering at present 12,938; their families, numbering, on a calculation of two persons to each family, nearly 26,000; and the Coast Guards, numbering about 1,500. Furthermore, the vaccination of 117,484 children and adults, calculating the average of three years, 1881–3, is effected annually by them. And lastly, they examine and certify about 1,200 dangerous lunatics.

So far I have enumerated the medical and curative functions which Poor Law Medical Officers discharge for the public; but they have other duties of scarcely less importance, which, of necessity, bring them into intimate communication with the population, under conditions which enable them to exercise most valuable influences upon the welfare of the people. In the registration of an annual average of 126,014 births, they are brought into contact with the people at the moment when their advice and aid may yield the most valuable result upon the health of the community. In their function of Registrars of the 96,552 deaths which occur in