Forgotten stalwarts of Irish healthcare

Dispensary doctors were the heart of the Irish health system for 120 years, but they have received little, if any, recognition for their valuable work, write William Shannon and Pierce Grace

In 1928, the young Dr William Shannon applied for the post of dispensary doctor in Carrigaholt, Co. Clare. While waiting for his turn to be interviewed at the newly-established Local Appointments Commission in Dublin he was informed by another candidate that there was no point in his ‘hanging around’ as the job had already been promised to the other man; in fact his furniture was already on its way to Carrigaholt. Unfortunately for the other man, things had changed in the new Irish Free State and, in the words of the historian Joseph Lee: “The idea that assessors boards might evaluate candidates on their professional merits, rather than on their foresight in being born with the right connections, imposed intolerable strains on many an imagination”. Dr Shannon, who was the father of the senior author of this article, got the job.

Dr Shannon’s job
Irish dispensary doctor appointments were much sought after at the time. In 1933, TG Moorehead wrote: “a young man now entering the public medical service in the Irish Free State can look forward to a life of useful and not uninteresting work, and not unfair remuneration.” Dr Shannon’s basic salary was approximately £250 per annum and he was provided with a rent-free house for himself (nearly always a ‘him’ then) and his family. William Shannon also had the job of looking after the lighthouse keepers and their families at Loop Head, for which the Commissioners of Irish Lights paid him an annual stipend of about £150. The dispensary doctor’s role was to provide medical advice and medicine free to eligible patients but he could also treat private patients. The former were seen in the dispensary in the morning while the latter he saw in the comfort of his home in the afternoon. These he could charge and there was no limit to the number he could see. In fact, one constant complaint of the doctors was that patients who could well afford to pay managed to get eligibility by various underhand ways.

In rural areas, the private income was modest but in urban practices some doctors had considerable income from private patients. Although it was strictly forbidden for a dispensary doctor to accept from, or charge a fee to, his eligible patients, there was a widespread practice whereby many such patients insisted on rewarding the doctor and his family with occasional gifts, such as a sack of potatoes, a ‘bird’ at Christmas, or a bottle of potín. Country people in particular saw it as their duty to support the doctor in some tangible way, even if they were deemed to merit free treatment as eligible patients. In fact, they would be very offended if the doctor (or his wife) ever refused such a present.

The patient’s expectation on seeing the doctor was that they would be dispensed a medicine, i.e. a bottle. Such medicines as were available were dispensed from Winchester quart bottles into the patient’s own smaller bottles. Common items included antacids (Mag Trisilicate), cough mixtures (Amonii Carbonatis), supplemented on occasion with Vini Ipecacuanhae or Potassii Iodii or, in the case of asthma, Pot Iodide with Tinct Lobeliae and Tinct Belladonna. The doctor collected his supplies from the local health authority, which could be 50 miles away. In 1928 in Co Clare, the County Medical Committee requested the dispensary doctors to return their empty bottles punctually or be liable for their cost. Apparently, an audit had revealed that the Boards of Health were losing £2,000 annually on unreturned bottles! Dr Shannon spent his professional life working all hours and in all weathers for the people of Carrigaholt and the surrounding district. Unfortunately, he did not live to enjoy the fruits of his labour. In 1940, at the age of 41 years, he contracted pneumonia, from which he died. His wife and family had to leave the dispensary house, and there was no pension for his widow. The whole system to which William Shannon had devoted his life was dismantled 40 years ago with the Health Act 1970.
Early dispensaries

Dispensaries had been in existence for almost 200 years; they evolved in response to urban sickness and poverty towards the end of the 18th century. The earliest were entirely voluntary institutions and depended on charity for funding. The first dispensary in England was the General Dispensary in Aldersgate, London, set up in 1770; the first in Ireland was in Dublin in the parishes of St Mary’s and St Thomas’s, founded in 1782. The role of the dispensary was to employ a doctor or apothecary who would give medicine and advice gratis to the poor on an outpatient basis. Patients did not have access to the doctor by right. They could only be seen on the recommendation of a subscriber whose quota depended on the size of the subscription he made to the dispensary; the minimum subscription of half a guinea entitled the subscriber to have one patient on the books at a time. In 1805, an Act of Parliament allowed the grand juries to match the subscriptions raised by charity, but in many rural areas there were not enough wealthy people to start a subscription. Some philanthropically-minded landlords endowed and supported dispensaries for their tenants and retainers, eg. the Earl of Dunraven in Adare, Co Limerick.

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The Medical Charities Act 1851

In 1851, in the wake of the famine, a network of dispensaries was established across the whole country under the Medical Charities Act of that year “to provide for the better distribution, support and management of medical charities in Ireland”. In 1838, a poor law was applied to Ireland and the country was divided into 163 poor law unions, each with a workhouse under the control of a board of guardians. The 1831 Act required the guardians to divide each union into dispensary districts under the control of a dispensary committee, to maintain a dispensary and employ and pay for a dispensary doctor. Thus was established a free nationwide medical service which, although it had many faults, served the country well for the next 120 years. This national service was unique to Ireland as neither England, Wales, nor Scotland had anything similar.

Needless to say, a lot of skullduggery was involved in the appointment of the medical officer to the dispensaries by the guardians; medical qualifications were almost the least important factor in deciding who got the post. In 1906 in South Tipperary, Dr J Dowling was asked straight out for the ticket he was entitled to see the doctor at the dispensary (black ticket) or as a domiciliary visit (red ticket). The Guardian didn’t get the £20 and Dowling didn’t get the job. However, the fact that the dispensary doctor would also be looking after the guardians and their families as private patients probably mitigated against the appointment of people who were completely incompetent, no matter how well connected.

How the system worked

All of this medical charitable activity was funded by the poor rates. Initially the landowners, ie. the landlords, had to pay the rates but the Local Government (Ireland) Act 1898 made the occupiers of property, ie. the tenants, responsible for the rates, which was not popular. To determine the value of property for rating purposes, a countrywide valuation was undertaken in 1852; the famous Griffith’s Valuation.

The Poor Law Commission (established in 1847) oversaw this extensive system until 1872, when the Irish Local Government Board replaced it. In 1898, the dispensary committees were abolished and the dispensaries were under the direct control of the union guardians until 1920 when the newly established Boards of Health and Public Assistance assumed responsibility. In 1942, the county councils were made responsible for the system in the Irish Free State. In Northern Ireland, the Ministry of Home Affairs was made accountable for the dispensaries from 1920. In 1930, the medical benefit of Lloyd George’s National Insurance Act (1911), (see below) which gave patients a choice of doctor, was applied to Northern Ireland and the whole system was subsumed into the National Health Service in 1948. The dispensaries were abolished by law in the Republic of Ireland in 1970.

The dispensary doctors acquired more tasks as time went on. In 1864, they were made responsible for vaccinating children against smallpox and for registering births and deaths in the dispensary district. Under the Public Health Act of 1878, each dispensary doctor was made the district medical officer for health and was responsible for public health. This new role could cause conflict with the guardians when the doctor drew attention to the unsanitary state of their properties, resulting in the loss of private patients (ie. the guardians and their families). It was noted that they were paid as public health doctors to “hold their tongues and take no notice of dirt and disease.”

Patients and prices

Entitlement to treatment by the dispensary doctor depended on a ticket, which could be issued by a member of the dispensary committee, a relieving officer, or a warden of an electoral division in the district. Once the patient had the ticket he/she was entitled to see the doctor at the dispensary (black ticket) or as a domiciliary visit (red ticket – “the scarlet runner”) and be given medicine for free. Getting tickets was relatively easy, so that many ineligible people avoided paying the doctor. As late as 1937, one dis-
Dispensary doctor in Northern Ireland wrote with feeling:

“He (the dispensary doctor) is on duty for 24 hours a day, seven days a week, during 48 to 50 weeks a year and is at the beck and call of every Tom, Dick and Harry who can get a ticket to commandeer his services; it is not difficult to obtain these, seeing that they are on issue by wardens and guardians who are in many cases grossers or publicans and who dispense them as bonuses with quarter pounds of tea or bottles of stout irrespective of the medical needs or financial circumstances of the applicant.”

The salary of the doctor was not fixed, so that different doctors got different salaries. In 1792, the apothecary in Belfast got £40 per annum while the Earl of Dunraven’s dispensary doctor got £42. By the 1860s, the average salary was £50 to £70 a year and this had risen to £116 by 1907. The doctor got an extra £30 to £40 per annum for his work as the district medical officer (vaccination and sanitation fees) but as noted, this role sometimes lost him valuable private patients. In 1853, Dr Smith in Mountrath was charging a £1 fee for a consultation as a private patient and £3 for attendance on midwifery cases. In 1860, Dr Smith in Mountrath was charging a £1 fee for a consultation as a private patient and £3 for attendance on midwifery cases. This seems very high.

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Missed opportunity

In 1911, an opportunity to improve the lot of the dispensary doctors came with Lloyd George’s National Insurance Bill of that year, which provided two major welfare benefits: unemployment insurance and national health insurance. The health insurance component consisted of a disability benefit and a medical benefit. The medical benefit entitled the insured person to a free GP service and free medication on prescription. The system was to be run by ‘approved societies’ and panels of GPs were identified to provide treatment; significantly, the patient could choose their own doctor.

As Ireland was the only part of the United Kingdom with a dispensary system, the new insurance scheme would have to be merged somehow with the existing service in Ireland. While the (poor) dispensary doctors generally supported the bill, the (wealthy) hospital specialists and those in private practice (what Lloyd George called ‘the dispensary doctors’) saw that the new scheme would take away patients that were paying private fees. The Irish Catholic Bishops felt that the cost of the scheme would be an undue burden on farmers and small businesses, and opined that the scheme would apply to a ‘mere fraction’ of the population. In fact, it would have covered 800,000 industrial workers and domestic servants. That a Home Rule Irish Government, whose advent seemed imminent in 1911, would not be able to fund such a scheme may have been a concern to the Irish Party at Westminster. This was a very real concern in view of the fact that the first Free State Government reduced the old age pension from 10s to 9s per week in 1924. In Britain, the National Insurance Act greatly increased the income of GPs from an average benefit of 4s to 9s per patient per annum but in Ireland, the status quo persisted and the moment was lost.

Disease and practice

A typical dispensary district served about 6,000 patients, approximately 10% of whom would require attention during a year. In surface area, districts varied from 54 to an exhausting 300 square miles. The number of patients treated varied from place to place; Dr Philips in Ballygawley attended 1,466 patients in 1851, of whom 1,092 were cured, while the doctor in Cushendall saw 863 patients in two years (1832-4). The doctor was required to keep a treatment register and make an annual report. In 1850, Mr Swan, MRCS, reported from Rathfriland, Co. Down that the staple diseases of Irish dispensaries were: “fever, rheumatism, dyspepsia, cutaneous affections, diarrhoea, dysentery, pulmonary and bronchial inflammations; there are but few others which deserve any particular notice.”

In contrast, 120 years later, Dr James Deeney and his colleague in Fanad Dispensary District, Co Donegal saw 716 patients in one month. It is interesting to note how the pattern of disease in the same geographical area changed over 140 years. Infections were common in the earlier period while respiratory and cardiovascular diseases were more frequent in the later period. Life as a dispensary doctor was not easy. In Experiences of an Irish RM, Somerville and Ross wrote that the “resident magistrates no longer vie with the snipe and the dispensary doctor in endurance of conditions which test even those exponents of the art of being jolly in creditable circumstances.” Dr Dowling observed: “They (the dispensary doctors) frequently had to drive many miles exposed to wind and rain in open cars over rough roads. As there were no nurses they had to remain for several hours in attendance on maternity cases in dwellings, some of which were little better than hovels.”

Like Dr Shannon, many doctors paid the ultimate price for their dedication. In 1901, one doctor rowed three miles to an off-shore island each day to treat a family who had contracted typhus. Eventually, he heroically got them to hospital, rowing them to the mainland himself, but twelve days later died from pneumonia contracted by his efforts on behalf of his patients.

The end of an era

In 1966, the Irish government issued a White Paper in which it signalled its intention to restructure the health services: “The Health Services and their Further Development”. In this document it was proposed that the dispensary service be abolished and replaced by a system under which ‘entitled’ patients would have choice of doctor and any GP could treat such patients and be reimbursed by the appropriate authority. Forty years ago, The Health Act brought an end to the dispensary system as well as radically changing the hospital system through the creation of the health boards. The end of the dispensary doctor marked the end of the poor law in Ireland and a system that had provided primary medical care to the population for 120 years. Perhaps we should leave the last word to Dr Dowling, who in 1955 wrote: “No tribute of praise, though well deserved, has ever been given to the Irish dispensary doctors who, during a long period, carried on their work under difficult conditions and endured many hardships.”

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References on request