REMARKS ON PROVIDENT DISPENSARIES.

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I HAVE been asked to open a discussion this evening on the subject of provident dispensaries in a paper which shall not take more than about twenty minutes to read, and which is intended more to elicit the various opinions and experience of those present, than to enforce any conclusions of my own; which, in fact, my acquaintance with the subject does not as yet qualify me to do.

We seem at last to be approaching a time when the reform, so long acknowledged to be necessary by most of those intimately acquainted with the working of our medical charities, will be taken seriously in hand both by the medical and lay public. This reform has been as yet advocated chiefly by medical men, though we have to acknowledge with gratitude the vigorous assistance given by a section of the laity, among whom Sir Charles Trevelyan and his coadjutors in the Charity Organisation Society are conspicuous. But it is clear that no real progress will be made until the conviction of the necessity of reform becomes general in the minds of the governing bodies of hospitals and other medical charities; and it is also clear, since no allegation is made of any flagrant abuse or corruption, and no demand is made for any sweeping or "sensational" change, that we cannot hope to excite the public mind by those picturesque declamations and stirring appeals to which they have now become accustomed, and wanting which their attention is apt to be but languid. We, on the contrary, being all of us sober men of business, and recognising fully, as we do, the many excellencies of our hospital system, are anxious that the changes which we believe to be necessary should be made after the fullest deliberation and discussion, and with such circumspection as will least endanger the other parts of a system of which we are proud and which many of us spend a great part of our lives in administering.

I think I need not take up much of your time this evening in enumerating the faults with which we charge the system of out-patient medical relief in the country in general and the metropolis in particular, or in the still more invidious task of proving those charges. The subject of this discussion is that of provident dispensaries, and I shall here assume that those present are convinced that our system of seeing out-patients is faulty in the following respects. 1. Admission is too indiscriminate, so that a number of persons are admitted beyond the powers of the institution adequately to deal with. 2. In consequence, it is impossible in those hospitals attached to medical schools to give that instruction which the students ought to derive from the out-patient practice. 3. Also as a consequence of this excess of numbers, the poor are made to wait an inordinate time for the advice given, and such advice, when obtained, is often hurried and worthless. 4. A great number of improper applicants are admitted; some who are better off than gratuitous patients should be; and a far greater number who are suffering from trivial maladies, the ordinary lot of humanity, which require no special skill for their cure, which are to be expected almost as surely as hunger and thirst, and which should equally be provided against as a part of necessary expenditure, reserving public charity for real emergencies.† 5. This

* Read before the Metropolitan Counties Branch.

† The first conclusion arrived at by Sir William Fergusson's subcommittee was: "That a very large proportion of the out-patients of general hospitals (variously estimated at from *three-fifths* to *nine-tenths* of the whole) consists of *trivial cases* which do not require any special skill, and might be properly left in the hands of ordinary medical men. An inordinate number of trivial cases wastes the time of the consultee, wears the attention of the students, and fosters a habit of hasty diagnosis and careless observation, which tend to erroneous and ineffective treatment. In fact, out-patient work, as generally conducted, neither conduces to the sound advancement of professional knowledge, nor to the advantage either of the students or the public. And, bearing in mind that the staff consists exclusively of consultees, and that clinical teaching is one of the most important advantages derived by the public and the profession from the institution of public hospitals, the Subcommittee are of opinion that some special claim ought to be made out for perfectly gratuitous hospital advice, such as sudden emergency, surgical requirements, long-continued ineffective treatment, peculiar, obscure, and complicated disease, unforeseen and unavoidable distress, or some other special cause, making it desirable that the attention of a consultee should be given to the case. . . . As the hospital staff consists of consultees—not general practitioners—it is only consistent that their services should be asked for chiefly in cases of peculiar difficulty, prolonged anxiety, deep professional interest, etc.; and it is altogether unreasonable to call upon them to treat case after case for many hours together, without, it may be, the occurrence of any single point of interest. . . . The Subcommittee, therefore, believe that the foundation of a series of

indiscriminate charity debauches and pauperises the persons to whom it is administered, and deprives medical men of a substantial part of the fund from which they are to draw their subsistence: an injustice and an injury both to the givers and receivers. 6. In attempting the impossible task of treating a vast number of affections, which really require rest and good hygiene more than anything else, by consultations and medicine given out at the hospital, positive harm is done to a great proportion of the patients, whose ailments are really thereby protracted. They get more harm from the exhaustion and crowd of the waiting-room and the exposure of the journey to and fro than they can possibly get good from the medicine supplied.*

Assuming this, which I do merely to save time in the discussion, I am now to inquire how far the system of provident dispensaries seems calculated to remedy the evils complained of, and how far, in this metropolis and in the country, as far as my time allows me to treat that branch of the subject, it has really been successful.

I shall, I hope, be pardoned if, as an old hospital surgeon and teacher of surgery, I look on this matter mainly from the point of view of medical tuition. The chief motive, as far as I can understand, on the part of the medical officers of hospitals, for the retention of these overgrown out-patient departments, is that, out of the crowd of applicants, some "good cases", as they are technically termed, may be selected for treatment as in-patients. No one seriously contends that the time at the disposal of the out-patient physicians and surgeons is really sufficient to deal with all the cases they have to treat. I have never met with one of these officers who did not feel, as I felt myself when employed in that work, utterly dispirited and disgusted while struggling hopelessly to understand and give some rational advice and assistance to a crowd of trivial worthless cases, which, if they were worth dealing with at all by public charity, should have had the services of at least three times the number of consultants. Yet no one is more convinced than I am of the vital importance of selecting proper cases to occupy the beds of our hospitals, and especially those which are connected with medical schools, so as to supply the schools with the material necessary for efficient teaching; and I am most anxious that the medical profession should enlighten the public on this head. At present, it is too much the fashion for lay governors to pass over all matters connected with medical tuition as being merely technical, or as being the business of the doctors, not of themselves. The truth is that the function of hospitals in teaching medicine is a matter of equal, if not greater, importance to the public than their function in relieving a certain proportion (and let me say, in passing, only a small proportion, as far as in-patients go) of the sick of the community. Now, the out-patient department ought to be, and might easily be, as useful as the wards in teaching, and possibly even more useful. But its utility is in a great measure sacrificed to the supposed necessity of admitting a crowd of worthless routine cases.

In the first reaction caused by the increase of this crowd beyond all reasonable limits, attention was directed almost exclusively to the abuse of the out-patient department by persons able to pay for advice, and the only attempts made to reduce the numbers were by excluding those able to pay, *i.e.*, those earning more than a certain income. But it is clear that such a test is neither sufficient nor satisfactory. It is not sufficient; for, in our general hospitals at any rate, the exclusion of trivial cases is a far more important matter than the exclusion of well-to-do persons, who indeed are probably almost sufficiently deterred by the discomforts and fatigues of our overcrowded waiting-rooms. And the wages-test is highly unsatisfactory, unless the nature of the case is taken also into consideration; for it is obvious at once that a man earning forty shillings a week, but labouring under some very obstinate affection, or one requiring some special means of treatment, is a far more deserving, and a far more eligible, candidate for hospital relief than one earning thirty shillings a week, whose ailment is of a trivial nature.

Now, it is easy to imagine a state of things in which all this

provident dispensaries is a necessary condition of any improvement in the out-patient department of our public hospitals. The law has, in their opinion, amply provided for the careless and improvident, and the funds contributed by the benevolent should be given in preference to the assistance of those who are inclined to help themselves."—Sir C. Trevelyan's pamphlet, p. 15.

* Sir W. Gull said very happily at the meeting to which Sir C. Trevelyan's pamphlet was read: "Most of you know—I see many of the most eminent members of the medical profession present—that the poor have an idea that disease comes from Providence, and that it must be cured by drugs. Now, if there is an idea which ought to be rooted out, it is this. Children are often brought to be drugged when in reality they require to be washed and fed. I believe that one of the beneficial effects of our meeting here to-day will be that it will have a tendency to spread abroad the fact that disease should be prevented by attending to hygienic laws, by eating good food which has been properly cooked, by regulating the quantity and guaranteeing the quality of that which is taken."

might be put right; in which the hospital might regain its proper place as a consultative institution; might have out-patients in moderate number, whose cases would be available for the instruction of students; and in which provident dispensaries might take a very important share; whilst, at the same time, the complaints made against hospitals—both by medical men, as taking away from them much of their practice among the artisan class; and by economists, as pauperising the people—would be obviated. The leading principle of this change in the out-patient department would be this—that admission could only be obtained through some medical authority. The present methods of admission are extremely faulty. The unlimited admission of very poor persons, who come in out of the street, can hardly be described as otherwise than an absurdity. The haphazard admission of a limited number, though a great improvement on the former, yet does not insure any fitness in the cases admitted. Admission of out-patients by governors' letters is open to very grave objections; and, in fact, has been found to work so badly, that it has been given up in most of our general hospitals. The admission of out-patients by payment is liable to almost every objection which can be urged against all the other methods put together, besides many others which apply to it especially, and is besides utterly irreconcilable with the "charitable" character of our hospitals. But the admission for medical reasons, combined, of course, with a due regard to the patient's condition in life, is exactly in harmony with our usual method of admitting in-patients—where the letter of recommendation is supposed to guarantee the fitness of the patient's condition in life, and the preliminary inspection by the hospital physician or surgeon ascertains the medical fitness of his case. Now, if we had a perfect system of provident dispensaries, and if each of these was affiliated to one or other of the great hospitals of their district, it might be possible to carry out a regulation of this kind: That no person should be admitted—of course, this is exclusive of street-accidents and of persons transferred from the wards to the out-patient room—as an out-patient, except on the recommendation of some medical authority residing in that district, be the medical authority a private practitioner, a provident dispensary, or a Poor-law dispensary. The numbers to be admitted daily might, as now, be limited; and of those admitted, some (I think a large proportion) might be admitted only for consultation, not for treatment. The medical man recommending the patient might join the consultation under certain regulations.

Some such scheme as this would insure a due supply of cases sufficiently grave to be worthy of charity, yet lying quite within the ordinary sphere of everyday practice, and in numbers proportioned to the opportunities of the institution.

Another method of connecting hospitals with provident dispensaries is that which has been adopted, and, as we learn by the Reports for 1875-6, successfully adopted, at the Royal Albert Hospital, Devonport; viz., to turn the out-patient department into a provident dispensary. Admirable as this method appears to be when applied to a country hospital, it seems quite unsuited to the circumstances of the metropolis—at least to those of our great hospitals connected with medical schools. The time allotted to me compels me to abstain from discussing the interesting question how far the smaller metropolitan hospitals might benefit, or the reverse, by conversion into provident dispensaries having beds attached.

But I am well aware that all this is as yet imaginary. Hitherto provident dispensaries have, in London at least, maintained a hard struggle for existence against the overwhelming competition of gratuitous institutions long established and of world-wide reputation.* That they have maintained their existence at all testifies, we may hope, to a deep-rooted spirit of honesty and independence in a large portion at least of the poor of this city. That, if relieved from such competition, they would supply a widely felt want is proved by the experience of such institutions as the provident dispensaries at Torquay, Leicester, and Reading.

But, if we want the provident dispensaries to be relieved from such

* The table on p. 104 of Sir C. Trevelyan's pamphlet on Metropolitan Medical Relief is the latest available list of Provident Dispensaries of the Metropolis to which I can refer. It shows only twenty-eight in the whole metropolitan police area, none of them in the immediate vicinity of any large hospital, except St. George's, where the out-patient department has during the last few years been restricted in numbers. At the general hospitals in the East and South of London, the numbers admitted were, according to the last published reports:

St. Bartholomew's Hospital	137,318
London Hospital	40,717
Metropolitan Free Hospital	39,968
Guy's Hospital	75,804
St. Thomas's Hospital	61,824

355,631

the in-patients at the same hospitals in the same year (1875) having been only 21,370. No provident dispensary is possible in the districts under the influence of these institutions.—Sir C. Trevelyan, p. 13.

competition, it is necessary that we should found them on principles essentially just to the subscribers, the medical attendants, and the public, and with regulations which will harmonise with those of the great hospitals, and if possible increase, instead of impairing, the efficiency of those charities. It is our business to-day, as I take it, to see how far the provident dispensaries now in action meet these requirements.

In the first place, what is a provident dispensary? It should be, above all things, a public and permanent institution, having this, at any rate, in common with a sick club or benefit society, that it is supported by a regular fund, on which its members can rely as a guarantee that they will always find what they have paid for, with accounts duly audited and published, and managed by a public body, who can elect successors to the medical men as they resign. The private clubs which some practitioners establish, however meritorious they may be, have not these necessary elements of a provident dispensary, and have no right to the name; which, however, they sometimes assume.

Nor can I doubt that a very great advantage would be gained if it were found possible to consolidate all existing provident dispensaries into one great institution, the members of any branch of which should be admissible to any other branch on equal terms. (See Dr. West's speech on p. 126 of Sir C. Trevelyan's pamphlet.)

Another question—and it is a very serious one—is how this fund is to be created, whether partly by charity or entirely by the contributions of the members themselves. Opinions differ on this point. At present, in this city, there is, I believe, no institution, or at most one, unsupported by charitable contributions in aid; and few of those in the country are, I believe, entirely self-supporting. Probably, therefore, it is necessary to acquiesce in the arrangement suggested by the Charity Organisation Society (pamphlet, p. 73), that there must for the present be some charitable fund as well as the members' fund; yet many will agree with the spirit of Sir C. Trevelyan's note to the passage to which I refer,* to the effect that such an arrangement should be only temporary, and that the scale of subscription should be so fixed as to make the dispensary in course of time self-supporting. Others will hold with Mr. Brudenell Carter (pamphlet, p. 122), that, as much of the illness under which the poorer classes suffer is due to the neglect of the public health on the part of the governing classes, it is only fair that the richer members of the community should help their poorer neighbours in this particular.

Another view of the matter is this: the better and more self-reliant part of the artisans are as anxious to maintain that manly spirit of independence which they possess, as any social reformer can be to infuse such a spirit into those who, unhappily for themselves, do not possess it. To these men the idea of belonging to a charitable institution is not agreeable. Much of the difficulty would be smoothed away if it were found practicable to adopt Sir C. Trevelyan's pregnant suggestion (*op. cit.*, note on p. 147) to appropriate to provident dispensaries "a portion of the vast unused or misused metropolitan charitable endowments". No poor man could, I think, object to send his child to a dispensary partly supported out of the benefactions of former ages; any more than a rich man does to take advantage for his child of the endowments of a school or university. The great City companies are now said to be intending to devote some of their large revenues to objects of immediate utility, such as technical education. Could not the members of this Association exercise some influence in obtaining a portion of these ample funds for the improvement of the present medical attendance on the poor of the metropolis?

Another and hardly less important detail is what is to be the qualification of members. The mere amount of wages is, of course, a fallacious standard,† and especially if combined with a fixed rate of contri-

* "The time has arrived for adopting a simpler and stronger arrangement than the one here suggested. Any fixed apportionment between a 'Members' and 'Honorary Subscribers' fund, causes an imperfect appreciation of the real object to be kept in view—viz., that the honorary subscriptions should be merely of a temporary nature, and that the dispensary should become self-supporting at the earliest possible period. It also leads to the adoption of inadequate rates of contribution at the commencement which it is difficult afterwards to increase. The monthly payments should, from the first, be fixed so as to secure the independent position of the institution as soon as those families or individuals residing in the neighbourhood, who might reasonably be expected to join it, have become members, and the honorary subscriptions should be regarded merely as a provisional arrangement to tide over the transition period, until the dispensary can be fully organised. In other words, there should be only one fund based upon the members' payments, and the honorary subscriptions should be applied in aid of it as long as any are required."—C. E. I. May 1877.

† Possibly the rules suggested by the Hon. R. Capel at the Great Northern Hospital are as fair as any merely pecuniary standard can be.

"I drew up a scale in which I endeavoured to draw a line as to who were the proper persons to receive relief, those who should be referred to the poor-law, and those who should be referred to provident dispensaries. The real question to be solved is—Who are the people who ought to be gratuitously treated by our hospitals? In drawing up this scale, we said that the labourer who was in receipt of eighteen shillings a week, and single, was not the man who ought to receive medical

bution. Nor is it at all easy to fix in any case what the latter rate should be. The present rate of subscription is believed not to remunerate adequately the medical officers, as shown by an article in the *BRITISH MEDICAL JOURNAL*, January 1874; yet it could hardly be raised, at least in the case of the poorest members. Perhaps, as Mr. Nelson Hardy suggests in a note to me, it may be found possible to establish a sliding scale, as is done to some extent at the Battersea Provident Dispensary, where Class A, not earning more than 30s. a week, pay 1d.; and Class B, between 30s. and 50s., pay 2d. a week.

That a considerable fund might be raised for the remuneration of the medical officers of such institutions is shown by the fact stated in the first report of the Hospital Saturday Council, that, "on a moderate computation of the working population of London, a subscription of a halfpenny a week from the males, and of a halfpenny a month from the females, would produce £69,530". Now, at most provident dispensaries, the subscription is about twice this sum, and this would produce a fund which, I believe, would amply recompense the medical officers, and make the institutions independent of charitable support. But such an assumption would, of course, involve the absorption into the system of provident dispensaries of all the existing sick clubs; and it seems clear that, if the provident dispensary system do ultimately succeed in establishing itself firmly in the metropolis, the sick clubs might easily be amalgamated with them on equitable terms, one rate of subscription entitling the subscriber to medical attendance only, and a higher to an allowance also when sick.

There is another way in which I conceive that provident dispensaries, if affiliated to the schools of medicine, might be very valuable; I mean in giving our students that initiation into home practice which they used in old times to get during their period of apprenticeship, but which they now hardly get at all till they begin to have patients of their own. Some care would be necessary, of course, to see that the students were only employed in students' work, not, as used at any rate to be the case in some departments, in doing work nominally allotted to their seniors; but, with such regulation, the system would supply a want now widely felt in medical education.*

Let me turn to another aspect of the question. We have been speaking of the benefits of these dispensaries, but we have met here also to hear the objections to them; for, as I said at starting, we are not enthusiasts, but sober men of business, fully alive to the benefits of the system we hope to improve, and fully convinced that no effort to found provident dispensaries can succeed unless all sides of the question have been carefully considered. The objections to provident dispensaries proceed from two sides. Those who will turn to the appendix to Sir C. Trevelyan's pamphlet will see a very interesting and curious collection of opinions on the scheme from a number of artisans of a high class, the printers in Messrs. Spottiswoode's office, containing the objections to it from their point of view. The main gist of these objections is, that the proposal is regarded as a movement on the part of the medical profession to restrict the benefits of the charity now extended to the working classes, for the purpose of putting money into their own pockets; as pressing hardly on the poor, who have already as many burdens as they can bear; and as tending to substitute

relief from the hospital, and was to be referred to the provident dispensary: that the married man, with slightly higher wages, ought also to be so referred; and that the married man with twenty-six shillings a week, no matter how many children he might have, should depend upon the provident dispensary for his medical assistance."—Sir C. Trevelyan's pamphlet, p. 128.

* The following is from Sir William Fergusson's Subcommittee on General Hospitals:—"One of the most glaring defects in the present system of medical education—a defect which has become more and more prominent since the discontinuance of the system of apprenticeship—is the entire absence of practical acquaintance with the domiciliary treatment of disease. In the hospital, everything is at hand—the formula for the prescription, the nurse with every convenience, the dietary fixed and suitable, and the ward with perfect cleanliness and space—whereas even in the most perfect private dwelling the medical attendant is called upon to tax his ingenuity and resources to the utmost. He must give instruction as to ventilation, cleanliness, feeding, nursing, etc., and these and other directions have to be varied in almost every dwelling. He must also write out in full his prescription, so that it may be clearly understood. The Subcommittee are, therefore, of opinion that the teaching power of the out-patient department would be very largely increased if students of three years' standing were required to attend for six months as assistants at a provident or Poor-law dispensary; and they think that some provision might be made by which serious and interesting cases admitted to these institutions shall, through the instrumentality of the dispensary, be transferred to the hospital for special treatment and clinical illustration. By such an arrangement, the consulting staff of hospitals would at all times be able to secure the attendance at the hospital of a series of cases illustrating special diseases, and by this means also carry out and test special modes of treatment; whilst, as in Edinburgh, the affiliation of such dispensaries to hospitals would always secure the prompt admission of acute diseases and of cases requiring the peculiar resources of the hospital. It is believed that an ample field of useful and interesting observation would always be secured to the out-patient staff, without the possibility of abuse, and they therefore think that the out-patient department ought to be recognised for purposes of special clinical teaching in the same way as the in-patient department is already."—Sir C. Trevelyan, note to p. 29.

for the skilled attendance of hospital physicians and surgeons the inferior advice of young or unsuccessful practitioners. Now, it is of no use to deny that there is something in each of these objections. It looks, at first sight, hard to say "we mean to diminish the number of out-patients at the hospitals by about two-thirds, and we hope to raise a fund of some £140,000 a year from the working classes, which is to go, in a great measure, into the pockets of medical men". But let us remember that the proposal rests on the assumption (which we think we can prove) that the two-thirds relief of which we intend to deprive the working classes, is not only worthless in itself, but impairs the efficacy of the other third; also that the attendance which will be given in consideration of the payment required, is that which hospital out-patient departments neither do nor can supply, and which it would be impossible to have provided gratuitously; viz., the domiciliary treatment of all the poor in the metropolis on reasonable terms by experienced medical men: a benefit almost necessarily involving the improvement of the dwellings and other conditions of life of the patient.* That the necessary funds could be contributed without any difficulty by the persons interested, is the opinion of almost everybody who knows the circumstances of London artisans; nay, it is probable that the expenditure would repay itself in the saving of time, the shortening of sickness, and the improvement of general health. Nor would the extra expenditure be at all equal to the gross total of the fund. Much of the assumed £140,000 a year is already spent on medical attendance in other ways, and would be simply transferred.

As to the qualifications of the medical officers, that is a matter which ought to be in the hands of the members or managers of the dispensaries themselves. If the pay be adequate, plenty of skilled candidates will be forthcoming; and the rules of election should be so contrived as to insure an intelligent choice. Nor have the advocates of the scheme the least wish to curtail the benefits really extended at present to the working classes by our hospitals. Far from this, they wish to increase them. Only the real benefit they believe is by no means measured by the number of persons seen. It is obvious that, to give deliberate advice and treatment to one person is a greater benefit than to hurry over three cases, none of which is, or can be, properly attended to.

I may mention that Sir C. Trevelyan has put into my hands two little tracts, one styled *Doctor's Bill and No Doctor's Bill*, published by the Ladies' Sanitary Association, and the other *Provident Knowledge Papers*, published by the Provident Knowledge Society, which put the claims and advantages of provident dispensaries in clear, familiar, and sensible language, and in a style adapted to those for whom they are intended. In this meeting, however, we are probably more likely to hear the objections to the scheme made by medical men; and the full discussion of such objections will much enlighten and assist those who advocate it. It is, perhaps, hardly my province to anticipate what will no doubt be urged with more force and fuller knowledge by others; for I hope the meeting will be attended by gentlemen who are, or have been, actually engaged in working these dispensaries, and who can tell us their weak points. My object in this meeting will be fully attained if it elicit any general assent to the view which I have long held with regard to out-patients of hospitals, that none should be seen gratuitously except for special reasons guaranteed by some medical opinion, and that the out-patient department of a hospital should be a consultative department for the institutions and practitioners who treat the poor of the district.

I have endeavoured to restrict myself within the narrowest limits of space, content if I can indicate the chief points on which the discussion may, I think, usefully proceed.

* "The slender resources of a working man are soon broken down by 'doctors bills', but there are few who cannot afford a small continuous payment made from month to month on the principle of mutual assurance. For this each family obtains, not as an act of charity, but by right, medical attendance and medicines at their district dispensary, or, if need be, at their own home; and they also have the privilege of selecting their own medical attendant from among the officers of the dispensary. Not the least advantage of this system is that the homes of the people are brought by it into just prominence. Much has been said of late years about the salutary influence of a trained nurse upon a working-class ménage. The practised eye of a well instructed medical officer from the district provident dispensary, in the numerous cases better treated at home than in any institution, would not be less efficacious, and, besides giving useful support to the nurse, would much promote the object we all have at heart, of providing improved dwellings for the working-class."—Sir C. Trevelyan's pamphlet, p. 17.

LINCOLN URBAN.—There were 1,286 births and 670 deaths registered in this city during 1877. The death-rate is estimated at 22 per 1,000, and, exclusive of deaths in public institutions, only 19. There were 14 deaths from typhoid fever, and 8 from scarlet fever, as well as several from whooping-cough and diarrhoea. About 25 per cent. of the deaths were caused by diseases of the respiratory organs.