REMARKS ON OUR MEDICAL CHARITIES:

BEING

An Excerpt from an Address delivered at the Annual Meeting of the Birmingham and Midland Counties Branch of the British Medical Association, June 26th, 1877.

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I VERY deeply feel the honour you have conferred on me, and the confidence you have reposed in me, in electing me your President. I am no less conscious of weighty responsibility in endeavouring to discharge the first duty of this office, in the delivery of the annual address.

You cannot have failed to notice that in all parts of the kingdom the subject of medical charities has, during the last few years, attracted a large and increasing share of public attention. It has been elaborately treated in leading serials of such diverse political tendencies as the *Quarterly* and the *Westminster Reviews*, while many of the leaders of our profession, and social reformers outside its pale, have contributed much valuable material to the discussion. They all concur in the necessity of instituting a thorough investigation into the administration of gratuitous medical relief, with a view to check its widely-spread abuse.

History shows that most of our medical charities were founded by members of our profession. As unpaid officers, the members of our profession contribute more than any other class of the community to the support of our hospitals and dispensaries, and proportionately suffer from any administrative abuses which may exist in them. The advocates of the free system are well satisfied of its superiority, while others contend that it is pauperising and demoralising the community with progressive speed. In this conflict of opinion, without pinning our faith to either side, we have a right to examine the whole question thoroughly, with the sole object of ascertaining the truth and securing the general welfare, with which the honour and well-being of our profession are inseparably identified. The urgent need of the moment, and one which we may reasonably hope to do something towards supplying, is accurate knowledge of facts in particular institutions in different localities. Accordingly it is to the medical charities of Birmingham that I shall address myself, and more especially to their work during a period of ten years, from 1867 to 1876 inclusive.

The number of persons attending the Birmingham Medical Charities was: in 1867, 66,671; in 1876, 104,048; showing an increase of 37,377, equal to 56 per cent. Reckoning the population of the borough of Birmingham for 1867 at 325,895, one person in every five in that year obtained relief from our medical charities, whereas the proportion rose to one in 3.5 in 1876, when the population was 371,839. In the ten years, the borough population increased 13.8 per cent., and the number of persons relieved at the medical charities increased 56 per cent. In other words, in the past ten years the recipients of medical charity in Birmingham have increased more than four times as fast as the general population of the borough. Throughout the same decade (1867-1876) the wealth of Birmingham has gone on increasing to an unparalleled extent. Palatial structures are everywhere rising in our principal streets, millions have been spent in the purchase of gas and water works, and the corporation has already purchased close upon £1,000,000 sterling worth of property, in entering upon the great scheme under the Artisans' Dwellings' Act. In proof that the increase of wealth has been substantial throughout the community, a few figures, gathered from most trustworthy sources, will be sufficient. The rateable value of property in the borough of Birmingham has risen from £1,014,037 in 1867, to £1,306,595 in 1876; an increase of £292,558, equal to 28.8 per cent. in the ten years. Still more remarkable is the increase in the value of property within the borough, assessed under Schedule D of the Income Tax. It amounted to £2,136,000 in 1867, and to £4,224,000 in 1876, very nearly 100 per cent. increase. Our Post Office Savings' Bank received £166,337 in 1867, £279,681 in 1876, being an increase of £113,344, over 68 per cent.; while in the No. 1 Building Society, which chiefly consists of working men, the assets were in 1867, £88,302 18s.; in 1876, £163,972 7s. 11d.; being an increase of £75,669 9s. 11d., or 85.7 per cent. These figures prove two facts: a rapid increase in the number of persons obtaining medical charity; a rapid increase in the wealth of all classes of this community.

Is it to be understood that, with the immense augmentation of wealth, the number of the population entitled to gratuitous medical relief has gone on increasing in a progressive ratio? In other words, that, as wealth increases, so do beggars? The answer to this question must be in the negative, so far as we can judge from the official returns of local pauperism. Here is the return for the parish of Birmingham for the week ending December 28th, 1867, and for the corresponding week of 1876:

	1867.	1876.
Total number in workhouse	2,195 ..	2,111 ..
" infirmary at ditto	654 ..	848 ..
" receiving out-door relief	7,953 ..	4,898 ..
" out-door medical relief	628 ..	530 ..
Total	11,442 ..	8,387 ..

showing a decrease of 3,055, equal to 36.4 per cent. in 1876 as compared with 1867. In estimating these figures a variety of circumstances have to be considered. 1867, the year which followed Black Friday, was an exceptionally bad one for trade, and that must have tended to swell the pauper returns; on the other hand, 1876 was not a good year, and the increase of population, other things being equal, would entail some increase in the total of pauperism; yet the decrease is very material. Contrasting the decrease in the parish returns, the general augmentation in the wealth of this community, and the immense increase in the number of persons obtaining gratuitous medical aid at our hospitals and dispensaries, in 1876 as compared with 1867, it appears that in 1876 many thousand persons more than in 1867 sought and obtained gratuitous medical relief, who did not deserve it. Such a state of things suggests a fraud, firstly, on the benevolent who furnish funds for the support of medical charities, in the confident belief that their ministrations are confined to worthy recipients; secondly, on the members of our profession who give their services to hospitals without payment; and thirdly, upon the great body of medical and surgical practitioners, who are prepared to render their services on equitable terms of remuneration, according to the position in life and the means of those who seek their aid.

Reference has already been made to the disciples of a new school of hospital administrators, who, admitting the reality of hospital abuses, maintain that their chief source is the recommendation of improper objects of relief by governors and subscribers; and that the remedy for the evil is furnished by the free admission of patients. If the free system, with the registration fee, really possesses the advantages which its advocates claim for it, it should be generally adopted; and the sooner the better. If, on the other hand, its benefits be illusory or theoretical, and counterbalanced by practical disadvantages, the truth deserves to be known and to be acted upon. That the tendency to the crowding of patients, and the difficulty of regulating their numbers, is greatest in hospitals under the free system, is proved by the numbers attending at the General and Children's Hospitals. The number of patients attending at the General Hospital was, in 1876, 27,444; in 1867, 21,818; increase 5,626, equal to 25 per cent. At the Children's the numbers attending were in 1876, 15,220; in 1867, 10,066; increase 5,154, equal to 50 per cent., in spite of the check of the repeated registration fees. If the numbers persistently increase under the free system, how can it give the Board greater power of control over the expenditure, without sacrificing efficiency and comfort to economical considerations? Conceding that the free system may be easy to manage in a comparatively small community, and that in a large town it may possibly afford the simplest plan of administration in a hospital sufficiently large and well endowed to meet the calls upon its resources, that does not affect the truth of the proposition so tersely and cogently expressed by my friend Dr. James Johnston, that "the free system applied to any institution of limited means, limited staff, and limited accommodation, is not only a mistaken but also a mischievous policy", in the midst of a vast artisan population.

Reference has already been made to the system of charging a fee on admission, as a check on the redundant growth of the free system. If the so-called registration fees were devoted to *bonâ fide* inquiry into the fitness of patients, something might be said in their defence; but at present they are merely a source of income. It is not difficult to conceive that many persons, unable to work from illness and struggling to keep from the parish, may be most deserving of hospital relief, and yet not have a shilling for the registration fee, to raise which they are compelled to beg; on the other hand, there is nothing to prevent idlers from using the fee as a pretence for money begging, which is, by universal admission, the form of seeking relief most liable to abuse, most demoralising to the applicant, and proportionately most injurious to society. The charm in the idea of a free hospital is that its resources are freely available to all sick and deserving persons; but what becomes of the ideal charm when the condition tacked on to a hearing of his

woes is, that the poor sufferer shall put down a shilling on the counter which separates him from the registration clerk, who, having put the coin into the hospital till, proceeds to interrogate the applicant as to his means? So long as persons know that they will be received as patients at a hospital on paying a shilling, and stating that their earnings are below a certain standard, it requires no stretch of the imagination to understand that a premium is offered to improvidence and fraud. By such a system the hospital is made a vast competitor against provident sick clubs, and the self-respect of the working population is undermined by inducements to untruthfulness, with practical immunity from detection. Under such circumstances, the hospital becomes not only a training school of pauperism, but of duplicity. A fixed standard of weekly earnings is a very fallacious test of fitness for hospital relief. A man with twenty-five shillings a week may be much better off, and from the nature of his ailment less entitled to relief, than one with higher wages.

If one of the young physicians who, at a sitting in one of our free hospitals, sees a couple of hundred patients, possessed all the qualities for a future Sir William Jenner, how could he do justice to his work, or to himself? If, however, the bulk of those patients were distributed amongst a score of general practitioners attached to one or more provident dispensaries, there would be some chance that their ailments would be traced to their causes—that these would be attacked and removed. Cases of special clinical interest doubtless receive more attention; but the great desideratum is to attend, with all available means, to comparatively trivial ailments before they acquire exceptional interest; not to reserve consultations and scientific resources for times of great danger, but to widen the scope of their preventive influence. The figures which I have quoted make it pretty plain that the state of things in our local hospitals, more especially in the free ones, is rapidly approaching a dead lock. If, on the basis of the experience of the last ten years, we endeavour at present rates of progress to forecast for the next decade, the result may be thus stated:

Year.	Population of Birmingham.	Persons relieved at the local medical charities.	Ratio of persons relieved to population.
1867 ..	325,895 ..	66,671 ..	1 in 5
1876 ..	371,839 ..	104,048 ..	1 in 3.5
1886 ..	422,436 ..	162,379 ..	1 in 2.6

If the data of previous decades were at hand for a strict calculation, the result would be still more extraordinary than that arrived at by a calculation in simple proportion: but I prefer to understate the case. The above figures show that in the twenty years from 1867 to 1886 inclusive, the population of Birmingham will have increased 96,541, and the number of persons relieved by the medical charities will have increased 96,661—i.e., every single individual added to the population will have been represented by an additional applicant for gratuitous medical relief.

It would be a waste of words to expatiate on the magnitude of the social evil which those figures represent. The question is, *What is the remedy?* The first thing to do, after discarding fondness or antipathy for either the plan of recommending by notes, or the free system of hospital administration, is to collect all the facts bearing on the causes and extent of abuses in our medical charities. Sooner or later such inquiry must be instituted; and the members of our Association, who as a body are most deeply interested in the issue, will do well to promote such an investigation as the whole case demands. In such a conference, others besides the managers and staffs of our medical charities ought to take part. Whatever the evils of the present state of things, those bodies are responsible for them: in various manners and degrees, it is true, but still responsible.

Referring to the crowds of out-patients at our medical charities, the executive of the Local Charity Organisation Society remark:

"A very large proportion of this enormous number of out-patients could afford to pay the cost of their own doctoring, if that payment could be made in the form of a small weekly payment during times of health as well as of illness; while they would generally be unable, especially when ill, to meet the lump sum of a doctor's bill. The need here is the machinery for bringing the payment for doctoring within the reach of the poorer classes, and this can be done by the establishment of provident dispensaries, as is shown by their success in many other towns. By small weekly contributions to these institutions, the working classes are enabled to pay the cost of their own medical attendance and medicine, and are thus able to avoid the humiliating position of becoming recipients of public charity whenever they are out of health. Any change in this direction seems to us to be hopeless until provident dispensaries are provided."

On this hospital question the working men have invaluable experience to contribute. A well chosen body of their representatives, trained in the work of their provident societies, would very soon throw

light on some of the principal causes of hospital abuses, and the best means of checking them.

A number of provident medical institutions exist already in our midst, but they only very imperfectly fulfil their object. Their plan of work and method of relief, their rates of subscription and of payment to medical officers call for thorough and careful reconsideration. On the principle of mutual assurance, it is possible to make efficient provision for the health of the working classes, including the wives and children, and the object is one which deserves very thoughtful and earnest co-operation in the broadest and truest sense of the term. Hospital abuses will assuredly lessen in direct measure as means are provided and organised for securing the self-respect and health of the people, as two of the chief factors in the nation's happiness and wealth.

No sudden change is possible; but no time should be lost in endeavouring to bring about a more healthy and a more just state of things. We only seek for the reform of such abuses as are demonstrably injurious to society generally. We have unabated confidence in the power for good which the knowledge and practice of the great truths of our profession bestow. We look forward to being able to do more good work when public medical relief shall be administered in such a manner as to accord with the true teachings of science and common sense, without doing violence to the homeliest instincts of thrift. The day is happily gone by, never to return, when the cultivation of science demanded the sacrifice of independence, often of life, from those who were devoted to its pursuit; and the time has come when the physical health of the community may be, and should be, protected without ever widening the boundaries of a *demoralising pauperism*.

But these wrongs and abuses must neither be allowed to provoke us to excessive resentment, nor to make us too eager for change at any price. Let me repeat the protest against too implicit reliance on systems as such. We must be practical above all things. In principle, I believe that the provident dispensary system has in it the essence of the remedy required; very much, if not all, depends upon how it is prepared and used. A too hasty and too wide application of the provident dispensary system in its crude form, or alloyed with the evils which have crept into it, would only lead the public and us into fresh difficulties. Experience of men and things, with good feeling which nothing must be allowed to sour, and patience which nothing must be allowed to tire, will not fail us.

AN ADDRESS

ON

OPHTHALMOLOGY IN ITS RELATION TO GENERAL MEDICINE.

The Annual Oration delivered before the Medical Society of London.

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THE ophthalmoscope is valuable as revealing to us tissue-changes which are parts of, or local developments of, general morbid states. We may see tubercle in the choroid during acute tuberculosis. The first case of this kind recorded in this country was by Soelberg Wells. Such a discovery may be of very great help towards the very difficult diagnosis of tubercular meningitis as it occurs in the adult.

In some cases we may, so to speak, see syphilis ophthalmoscopically. Obviously, this is a most important matter.

Here is a point where we may easily and precisely study pathological changes during life; and, if opportunity offer, we can study the pathology of syphilis of a part of the nervous system by the microscope, at a known stage of it seen by the ophthalmoscope. Syphilitic retinitis is as much a syphilitic affection of the nervous system as a syphilitic neuroma is, and much more so than the common kinds of syphilitic hemiplegia are. It needs no evidence to show that the discovery of syphilitic chorio-retinitis is a fact of exceeding utilitarian value. It is a great practical point, that it is to be found sometimes in patients whose sight is not incapacitated thereby. An analogous statement was made of double optic neuritis, and the same may be said of the neuro-retinitis with Bright's disease. These pathological changes are often overlooked. I would make one general remark, that, in order to be quite certain whether the retina and optic nerve are diseased or not, we are obliged to look at them. It is to be observed that the ophthalmoscope, in some cases of congenital syphilis, is the only means of arriving at the conclusion that syphilis is the