PROVIDENT DISPENSARIES: THEIR OBJECT AND PRACTICAL WORKING.*

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GENTLEMEN,—I am here to-night to discuss specially the subject of "Provident Dispensaries; their Object and Practical Working"; and I confess it is with some fear that I venture to tread on ground which has been so worthily occupied before. It is little that I can add to what has been said before; but I can at least state my own conviction, derived from much reflection and practical work as a provident dispensary medical officer for six years. It is inseparable from the subject of my paper to make a few remarks on charity generally. Perhaps the most frequent boast of an Englishman is the extent and usefulness of his country's charities. They are with him a matter of faith from his infancy. He venerates them, subscribes to them, and manages them during his life, and at his death he wills to them the fortune acquired by years of toil, nothing doubting that the destination is good. We have it on excellent authority that there are in London alone one thousand charitable societies, dispensing each, on an average, about £4000 annually—that is four millions in all; and this is exclusive of the Poor-law expenditure. These are facts, gentlemen, and they speak well for the benevolent intentions of our nation; but in these days it is asked on all sides, Is the benevolence tempered with prudence? Is it satisfactory that, in the face of this large expenditure, want, misery, pauperism, and crime, should be on the increase? We find our best authorities admitting that our working-classes suffer morally and socially by the multiplication of charitable societies. They are encouraged to depend on the efforts of others instead of on their own, and they learn to feel that they may be improvident without suffering the consequences of that course. Thus the sailor, on his arrival at port, spends in a week the hard-earned wages of a year, and he is consoled by the reflection that the Society for Relieving Distressed Seamen, or some similar institution, will consider his case favourably. And the labourer on shore allows his children to grow up without proper food or clothing, while he squanders his weekly earnings on beer. There is always the hospital for them—he thinks—or the poor-house, or an orphan asylum; and thus rolling over his burden, he drinks on; and similar examples might be multiplied indefinitely. But, gentlemen, great as this abuse is, there is an objection to (so-called) charity which, I think, should have as much if not more weight: it is this, that by supplying the wants of the working-classes, free of charge, we are relieving not so much them as their employers of their burdens; in other words, we are keeping down the rate of wages. Every man applying for work has to consider what he can live upon. The first question is the amount of rent, taxes, tradesmen's bills, etc. The children's clothes, he considers, will be supplied by the Charitable Ladies' Society, and possible illness will be attended to gratuitously by the doctor, so he need not count them; nor the schooling—that's free. To repeat, it is believed, and I think rightly, that charity, as it has been hitherto administered, in the first place, while it often does good to individuals, tends to increase the evils of improvidence which it was originally designed to meet; and, in the second place, it lowers the rate of wages as certainly as cheap bread and cheap meat: in other words, the charitable lady, the advice gratis doctor, our hospitals and other charities, by supplying gratuitously what should be paid for out of the wages, assist the employer to pay his men, and help to maintain an artificial distance between the value of capital and labour.

With these remarks on charity generally, I come to our medical charities, with which I have more particularly to do; and that I may treat the subject in order, I will begin with hospitals and dispensaries managed on the privileged system of admission by governors' letters, as that is the most usual in England. These institutions are open to the general objections to charity which I have mentioned. They foster a spirit of dependence, and they tend to keep down the rate of wages. But besides these, there are special objections to hospitals and dispensaries. Thus, the out-patient physicians and surgeons complain that they cannot, with justice to *their patients or themselves*, see and prescribe for several hundred patients in a morning, especially as many of the cases are new. The patients are selected by non-medical governors without regard to urgency, who feel themselves aggrieved if their nominee is not admitted. Patients who can afford to pay are admitted. The delay in obtaining letters is often very hurtful to the patients; and it is a grave fault that the best cases are lost sight of and rendered valueless for registration from the facilities with which the patients can go from one institution

to another. Thus far, I think, I express the feelings of the profession. The existence of these objections is admitted on all hands. But when we come to the treatment of these faults of the privileged system, the views of the profession diverge, and various schemes are proposed.

I. There is the so-called "free system." Here there is no delay in obtaining early treatment, its advocates say; and the poorest and most friendless can apply. That is all true; and it is at least an improvement on the privileged system. But where it is tried the out-patient rooms are still overcrowded, and patients who can afford to pay regular fees still pass unchallenged; and the greatest blot of all remains, there is no attempt in the free system to rise above charity, pure and simple. Next, we have various proposals for hospital reform, a common feature of which is the payment of money by patients. Thus we come to a second scheme.

II. A small payment is made by patients at the time of coming for advice. Where this has been tried, as in the Metropolitan Dispensary, it has proved unsatisfactory, as the patients are called upon to make their payments at a time when they are necessarily out of work and their funds are low, and their antecedents and social position are not known.

III. It is a custom in the Scotch hospitals for workmen to club together and become, in the name of one of their number, managers of the hospital. Thus, in the Glasgow Infirmary, the præses of a body of men subscribing five guineas annually sits at the board. This is scarcely applicable to large mixed communities: where it exists it works well, and it has the merit of simplicity and of introducing a provident principle.

IV. The next scheme for hospital and dispensary reform is known as "the Provident System", and I can best explain it by describing the object and working of provident dispensaries. I shall begin by sketching their history. The principle of these Provident Dispensaries was suggested by Mr. Smith of Southam forty years ago (in 1830), as a means of securing to the working-classes medical aid in illness without forcing them to have recourse to the parish (for there was no hospital in Southam in those days), or to incur medical bills which it was hopeless for them to pay. He saw on all hands the evils arising from the absence of some system of this kind. At one time it was a working-man trying, at his start in life, to maintain self-respect, employing one doctor after another; and, later on, when he had exhausted his credit with all of them, subsiding into hopeless pauperism. At another, he saw disease making ravages unchecked by treatment where the patient was too poor to employ his own doctor, and too proud to go to the parish; and he also saw the doctor working hard among the poor and making a fortune on paper which he could never realise. In the first place, as a remedy for these evils, and later, as a means of reforming hospitals and dispensaries, Mr. Smith suggested his so-called Self-supporting, Charitable, and Parochial Dispensaries. He soon, however, abandoned the charitable element, and devoted his later years to spreading his amended views on Provident Dispensaries. Before he died, he had the satisfaction of seeing his opinions widely adopted; and, as a result, Provident Dispensaries scattered over the country.

Pre-eminent among those who followed Mr. Smith, was Mr. Jones of Derby, who, in his pamphlet published in 1862—thirty-two years after his first connection with the Derby Provident Dispensary—declares his unqualified approval of the working of the system. The movement thus begun was taken up by Dr. Wm. Ogle, now of Derby, and others; and in 1849, a society was formed in London to encourage the spread of Provident Dispensaries throughout the country. Although that society was disbanded, twenty-one years have not diminished the zeal of two at least of its members—I allude to Dr. A. P. Stewart and Mr. Stephen Alford. Those who heard Dr. Stewart's eloquent speech at the rooms of the Royal Medical and Chirurgical Society the other night, must have been convinced that he still feels that he has a cause worth fighting for; and Mr. Alford, after working as a medical officer of the North Pancras Provident Dispensary for many years, has still time and inclination, in the midst of his large practice, to be one of the most active members of the Committee of the Haverstock Hill and Maldon Road Provident Dispensary. These historical facts I have sketched in order to show that this provident system is no creation of yesterday, and that it is a movement which does not fall in the estimation of those who know it best. As a result of the efforts which I have described, there are provident dispensaries at Derby (1830), Coventry (1831), Brighton, Northampton (1845), Paddington (1838), among the older institutions; and, among the more recent ones, at Wandsworth, Newcastle, Leamington, etc. Although the object of these institutions is the same; viz., to enable the working-classes to insure to themselves and their families efficient medical advice and medicine during illness by their own small periodical payments during health, assisted by contributions from the more opulent, or, in other words, to help those who help themselves, yet in details of management they differ. As I know the Dispensary at

* Read before the Metropolitan Counties Branch of the British Medical Association, April 29th, 1870. The discussion on the paper is given at p. 533.

Haverstock Hill best, and as its rules were originally framed by a committee who had full knowledge of what had been done in other institutions, I shall select it as a type of all, mentioning where there is any important divergence from the rules of other dispensaries.

Funds.—There is an "Honorary Fund", supported by the well-to-do residents; and a "Free Members' Fund", formed by the small monthly payments of the benefited or free members. The honorary fund defrays the working expenses—rent, furniture, coals, gas, and dispenser's salary, and is charged also with the quinine and cod-liver oil bill, and supplements, as will be shown, the midwifery fees. The free members' fund pays the drug bill, with the exception of quinine and cod-liver oil, and the remainder is divided among the medical officers in proportion to the number of members who enter under each.

Last year, a "Reserved Fund" was added for emergencies. It would be an improvement if the arrangement for paying the drug-bill could be altered, so that it should not be the interest of the medical officers to economise in the matter of medicine. This is the case at Coventry.

Medical Officers.—There are three medical officers, any one of whom the patient may select; each of these attends at the Dispensary two days a week, and visits the patients at their own homes if necessary. In the Northampton Dispensary, six medical men in the neighbourhood were connected with the institution at first; but it was soon found that the number of patients under each was so small that it was not "worth while". Since the number of medical men has been limited, the Dispensary has done well. One or two institutions, as the Dispensary at Rugeley, still have all the local doctors connected with them who wish it; but I think, unless the payments of patients are large, our rule is best.

Free Members.—A man with a family, earning not less than thirty shillings a week, is considered a suitable case for admission. The application must be made one month before the patient is admitted by the Committee; but, in certain cases, persons who are ill are admitted on payment of an entrance-fee of five shillings. The payments are acknowledged on the patient's cards, which he must bring to the institution when he requires advice. Adult males and married women pay sixpence a month; a man and his wife, eightpence, which is increased, in proportion to the number of children, up to 1s. 4d. A member in arrears up to three months is readmitted on payment of a fine. I object personally to the five-shilling entrance-fee in time of illness, as it is abused, unless it be repeated every month till the patient is well. The rule at the Coventry Dispensary is good in principle. It is: "No one actually labouring under sickness can be admitted a free member, unless two healthy persons above twelve years old enter at the same time, and each pay the whole year's subscription in advance." Failing this, ten shillings secure for the applicant the privileges of a free member for three months. But this rule is nullified by another permitting governors to recommend patients—that is, recognising the "charity class", which Mr. Smith condemned. The same flaw exists in the rules of the Leicester and the Portland Town Dispensaries. The object of this compromise with charity is to conciliate governors who wish the power of recommending patients for their guinea subscription.

Midwifery.—The medical officer receives for each case £1—15s. from the patient, and 5s. from the Honorary Fund. But, if the member prefer it, the midwife of the institution will attend for a small fee, and can be assisted by one of the medical officers in cases of difficulty; the fee for his services being 10s.—3s. from the patient, and 7s. from the Honorary Fund.

Management.—The Dispensary is managed by a Committee of the honorary subscribers, and the medical officers are members *ex officio*. We rejected the proposal to admit free members to the management. I have, therefore, no personal experience of it; but I believe it answers well at the Hampstead Dispensary and at Wandsworth.

The advantages of these Provident Dispensaries are, that they supply a remedy for all the general and special objections to charity which I have mentioned. Thus, with regard to the general objections, they foster a spirit independence, of forethought and mutual assistance, among the poor; and they tend to raise the rate of wages, as the members have to include this new outlay in their expenditure. They are also easily managed, so as to prevent imposition by well-to-do people, as the members enter in time of health, and an interval elapses between the application and admission, during which inquiries can be made. These dispensaries also afford a remedy for the special faults of privileged and free dispensaries and hospitals. Thus, though the patients may be as numerous, their cases are more easily disposed of, as they are members of the institution, and their medical antecedents are known. The medical officer selects the cases requiring care. There is no delay in obtaining letters; and thus the patient is saved the danger of no treatment and of counterpractice (which is worse). And it

is a special advantage of the system, that it affords great facilities for the registration of disease. Dispensaries of this kind are managed economically; and the payments in time of health here are manifestly better than during illness, as in Scheme II which I have described.

It is an important feature of Provident Dispensaries, that the medical officers are paid; and this is made easy by the free members' fund, which increases in direct proportion to the amount of work done; and the payment being made in this way establishes a healthy rivalry among the medical officers, which is for the good of the patients. These payments are only partial remuneration; and for any one who measures his success by his income, they are insufficient. But this is not fair ground on which to take them. Compare them, rather, with the free dispensaries, where generally the only remuneration is in the form of *kudos*, with sometimes a small *honorarium*; while the medical officers in Provident Dispensaries have the same *kudos*, payment in proportion to the work done, and a saving of time from dealing with patients whose antecedents are known. An idea of the amount of remuneration in these dispensaries will appear from this.

At the Northampton Dispensary, in 1868, the sum of £1,296 : 18 : 11 was divided among three medical officers. The visits to the houses of patients were 26,332; that gives a daily average of twenty-four visits to each medical officer, in addition to the patients seen at the Dispensary.

At Coventry, the sum of £477 was divided among three medical officers. For this, each medical officer spent an hour and a half at the Dispensary three times a week, and made a few daily visits—doing this easily in his rounds of practice.

At Brighton and Hove Dispensary, the sum of £262 : 18 : 11 was divided among five medical officers in 1868. Here neither the number of visits nor the number of cases is recorded; but the number of members was about 1,600.

At the Haverstock Hill and Maldon Road Provident Dispensary, which is comparatively a young institution, last year (1869) the sum of £265 was divided among the three medical officers. For this, fifteen visits daily, on the average, were made—that is, five each; and fifteen patients were seen at the Dispensary. I express the opinion of my colleagues, as well as my own, when I say that the work was easily done, and with much pleasure to us.

It has been said that these payments make the patients more exacting, by giving them a false idea of sufficient payment. Having seen the working of all the systems, I can truly say that I have found provident dispensary patients less exacting, and more grateful, and more thoughtful of their doctor, than charitable dispensary patients; and I could quote the opinion of many to the same effect. There are several free members at the Haverstock Hill Dispensary, who, in addition to their weekly pence, have subscribed to the honorary fund; and I know of many members whose names have been on the books for years without coming for advice. (I am sorry I have not had time to obtain exact figures on this point.) On the other hand, the advice in our great London charities is little appreciated by the patients, as is shown by the smallness of the sums found annually in the donation-boxes of our largest hospitals, where thousands of patients go. For instance, at the Middlesex Hospital less than £5 a year is subscribed by the patients; and at Guy's Hospital the amount is under ten shillings.

It has also been said that the medical officers, by receiving money, put themselves in the power of Committees. In answer to this, I can only say that my colleagues and I have always been deferred to, in matters affecting our department, by our Committee; and in almost every report of Provident Dispensaries which I have seen, special mention is made of the inadequacy of the medical officers' remuneration.

My subject would be incomplete, however, if I did not account for the fact that the Provident System, which has done so much to localities, has failed to take a deeper hold on the profession and public. All attempts to benefit the poor and ignorant are more or less disheartening; and, in spite of the gleams of comfort which I have mentioned, these dispensaries are no exception to the rule. Thus members enter, pretending to be healthy; and, at the end of their month of probation, they declare a chronic disease, and become regular attendants at the dispensary. Others obtain admission in order that they may have attendance in their confinement; and, when that is over, their payments are suspended; and so on. Instead of philosophically regarding these evils as things to be cured, the promoters of Provident Dispensaries have often been discouraged by them, and institutions with a possible future of greatness have been discontinued. Amongst the other causes of failure, I may mention local opposition. The medical men in the neighbourhood, fearing that their well-to-do patients might be taken from them, have opposed these institutions; and their social influence has been sufficient to put them down. That these fears are generally groundless, I believe experience shows. In Kentish Town, at all events, three gentlemen in very large practice near the Haverstock Hill

Dispensary tell me that, since the Dispensary was established, they have been relieved of much unprofitable work; and that none of their paying patients have become members of the Dispensary. Other causes of failure have been, that the better classes have withheld their support when they found that their subscription gave them no right of recommending patients; and in a small community, without scope for more than one public opinion, this might be possible; but not in large towns, where every opinion is represented. Great damage has also been done to the cause by calling these institutions self-supporting. By the use of this pretentious title, the promoters of Provident Dispensaries have conveyed to the public the idea that these institutions are final, instead of taking up for them their true position as only a step towards the final idea of every man paying his doctor in full.

But the most frequent cause of failure of Provident Dispensaries is the existence of a charity class in the same or a neighbouring institution. This has stunted the growth of many throughout the country. As I have already mentioned, in Mr. Smith's original plan the two classes were combined; but it was soon found that the two principles of self-reliance and reliance on charity were antagonistic. Thus the Derby Provident Dispensary, in 1844 (*i.e.*, fourteen years after its establishment), was falling off in the number of its members, and in the amount of its subscriptions; the existence of the charity class was found to be the cause; and when it was discontinued, the Dispensary began to flourish. But still it has its old enemy, the charity class, preventing it from attaining greatness—this time without the camp, at the neighbouring hospital. Thus Dr. Ogle writes me from Derby within the last week; and I quote him, as his remarks apply to Provident Dispensaries in other hospital towns. "That Provident Dispensaries," he says, "would not cure the out-patient disease, is evident from this simple fact, that in Derby, where there is a flourishing Provident Dispensary, the out-patient system is in full force at the Infirmary—in such force that I am literally overwhelmed: seventy-two patients last Thursday, eighty-two the Thursday before, fifty-seven new patients yesterday; and yet they come."

From all this, gentlemen, we are forced to the conclusion that many at least of the poor will not pay for themselves, as long as anybody will pay for them; and, as I hope I have shown that it is good for them to pay, I propose that we leave them no alternative but poor-law relief; and this can only be done by the combined action of our hospital and dispensary authorities. Useful as Provident Dispensaries have been, their development will always be limited as long as there are charitable hospitals and dispensaries to which it is respectable for patients to go. But, if the managers of all or most of our hospitals would adopt the provident system, they might dictate their own terms, and ultimately self-supporting institutions would be possible.

It is a matter for regret, I think, that so many good energies are wasted in finding fault with the details of Provident Dispensaries on the ground of their narrowness, when the fault-finders would obtain all they wish, and more, by helping to secure a general recognition of the principle on which these institutions are founded.

If it be granted, then, that combined action is required, the step to Government management is easy. No organisation except Government can make its influence felt everywhere, and none could manage a large system so cheaply. But we as a profession must lead the way; and, when we have shown that Provident Hospitals are for the good of the community, Government will take them over, as it has already done with the Post Office and the telegraphs, and as it will next do with the railways.

It follows from what I have said about the payments in Provident Dispensaries, that the general adoption of the provident system would be a source of large income. Thus, suppose that the figures published in the *Times* article on London Hospitals and Dispensaries last year are approximately correct, there are 1,358,805 patients treated annually in the medical charities of London. If each of these paid one shilling (which is much less than they would pay, probably), it would produce an income sufficient to give six hundred and seventy-nine physicians and surgeons £100 a year each. With the scale of payments which I have given before him, any one may make similar interesting calculations.

Although the provident system, as I have sketched it, is well suited for the out-patient departments of our hospitals, it would require another paper to show in detail how it can be applied to in-patients; and I shall merely state my conviction here, as fears have been expressed on the point, that, when it is so applied, the teaching functions of our hospitals need not be disturbed, as the use of the patients' cases for illustrating disease exposes them to no indignity, and might be considered as part payment for the benefits they receive in the hospital.

To sum up my argument, gentlemen: all charity, as generally administered at present, is bad as a system; it tends to demoralise,

and it tends to keep down the rate of wages. Remove charity, and the result will be, that the moral tone of the poor will be raised, and wealth will be more equally distributed. But our instinctive humanity makes us shrink from carrying out this law abruptly: therefore, in the matter of medical relief, with which I am dealing, this provident system is suggested as a measure of transition; and I confidently recommend it to the Committee appointed to suggest Hospital Reform, in the hope that, when its practicability is shown by the combined action of our medical charities, the system may be taken over and further developed by the Government of the country, whose duty is as much the prevention as the relief of pauperism.

Important as this subject of Provident Dispensaries is, and necessary as it is for us as a profession to deal with it, we must not forget that it derives its chief importance from being a part of a greater subject—the general management of our poor. In all the branches of this subject, local patchwork has failed in producing great results; and I hope the day will soon come when not only our hospitals, but everything appertaining to the management of the poor, will be removed from the control of isolated boards, and treated as a grand whole, in the interest of the commonwealth; and when the rates will be a direct charge on the imperial purse. When this comes to pass; when education is general; when class-legislation is at an end; when the descent of disease is, under the influence of wise laws, to a great extent prevented; when the cost of travel and of postal communication is reduced to a minimum; and when other artificial restrictions are removed—then we may hope that private almsgiving, in many of its forms, will be discouraged by the State. Till then, this Provident System, which is capable of wide application, can do much educationally and economically, as a temporary means of staying the swelling current of pauperism.

EXTIRPATION OF THE CLAVICLE.

By THOMAS BRITTON, M.D., Driffield, Yorkshire.

SAMUEL SMITH, labourer, aged 35, had had pain in the left shoulder for some years, which he ascribed to rheumatism. He noticed a small swelling on the left clavicle in the summer of 1868; it remained in much the same state until October 1869, after which time it rapidly increased in size, and quite prevented him from working. On March 9th, 1870, he came into the Driffield Cottage Hospital, when there was a hard swelling about the size of a large orange, but oval in shape, on the left clavicle. It was as hard as bone; and the surrounding structures seemed connected with it, as it was almost immoveable. The pulsation of vessels going into it could be felt if hard pressure were made on the lower side. He had no pain in the tumour, but complained of pain and numbness in the shoulder, scapula, and arm. The hand and arm were slightly swollen, and turned quite blue on hanging down. The sternal end of the clavicle seemed loose, and felt as if it grated on movement. There was a sharp grating sound heard all over the chest on auscultation; the sound was loudest over the sternal articulation of the clavicle. He said that he felt as if he were choking, and his breathing was much impeded. The tumour did not interfere with deglutition. It hurt him much when he coughed; the cough being of a spasmodic character. He said he always felt as if he had something in his throat, which he could not remove by coughing. His general health was impaired, in consequence of being badly fed from inability to work. His family history was good.

On April 16th, his general health having much improved and the tumour also being much larger, I decided to remove it. Chloroform was administered by Mr. Higgins, late House-Surgeon to Guy's Hospital; and I was also assisted by Drs. Wilson and Allison of Bridlington. I made an incision through the skin the whole length of the clavicle, and dissected down at the acromial end until I was able to introduce the handle of a scalpel underneath the bone, when I sawed through the bone upon it at about an inch from the end. I then dissected downwards and forwards towards the sternal end. There was very great difficulty in doing this, as the surrounding structures were in a semicartilaginous state, and I could not raise the bone from its connections with the chest. The subclavian artery could be seen beating under the fascia, but it was not exposed. There were many vessels running through the tumour, which caused a somewhat large loss of blood. I used torsion for all the vessels—no ligatures; silk sutures were applied to the incision, plaster between the sutures, and a wet compress over all.

April 17th. Eighteen hours after the operation, he had had a good night, and had no pain. The pulse was 100, rather feverish; but the tongue