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On Provident Dispensaries as a Means for promoting the Public Health. By JAMES CHRISTIE, A.M., M.D., Lecturer on Hygiene and Public Health, Anderson's College, Glasgow.

[Read before the Society, March 3rd, 1880.]

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THE establishment of Provident Dispensaries in the metropolis and provinces has, during recent years, excited much attention among social reformers; and the efforts put forth in this direction have been, if not eminently successful, hopeful, to say the least of them.

Public attention was first called to this subject about twelve years ago, chiefly in consequence of the gross abuse of the metropolitan medical charities; and the first combined effort to remedy the existing evils was made exactly ten years ago, in March, 1870. At a meeting, presided over by the late Sir William Fergusson, at which 156 members of the medical profession were present, the following resolutions were passed:—

“That this meeting is of opinion that there exists a great and increasing abuse of outdoor relief at the various hospitals and dispensaries of the metropolis which urgently requires a remedy;” and

“That, in the opinion of this meeting, the evils inseparable from the system of gratuitous medical relief administered at the outdoor department of hospitals, and in free dispensaries, can be in great measure met by the establishment, on a large scale, of Provident Dispensaries, not only in the metropolis, but throughout the kingdom, and by improved administration of Poor Law medical relief.”

A large committee was then appointed, which apportioned the subject among four strong sub-committees on “General Hospitals,” “Special Hospitals,” “Dispensaries,” and “Poor Law Medical Relief,” of which Dr. Meadows, Dr. J. E. Pollock, Dr. Stewart, and Mr. Spencer Wells were respectively chairmen, all of them men of the highest professional standing in the metropolis.

In evidence of the great and increasing abuse of outdoor relief

at the various metropolitan hospitals and dispensaries, I may quote the following from an article in the *British and Foreign Medico-Chirurgical Review* of January, 1875, on "The Limits of Unpaid Service."

"The reports of the several medical charities—free hospitals and dispensaries—show how enormous is the number of persons who annually seek advice and medicine from these institutions. Several writers have computed what is the total number of individuals who annually apply to the medical charities of the metropolis, and they tell us that it is over a million. We have ourselves gone carefully through the figures for the year 1873, and we make the total 1,288,085. This is altogether exclusive of the poor law, and of a great number of private and semi-private institutions which publish no reports. Beyond the medical charity which can be estimated in figures, there is a large amount which cannot be tabulated. We may, therefore, rest assured that the total at which we arrive by adding together the figures given in the various published reports is not an exaggerated one; but that, on the contrary, it represents only a proportion—a very large proportion, no doubt, but still only a proportion—of the whole charity of the metropolis. And what is true of London is true also, though in a less degree, of the provincial towns of the country at large. We may, therefore, safely conclude that a very large percentage of the community rely upon medical charity in time of sickness. In the metropolis this proportion amounts to something like a quarter."

The writer goes on to remark that—

"This, then, is the first fact to which we call attention—the enormous number of persons who expect to receive their medical attendance and medicine at the expense of their neighbours, as a matter of charity. It needs no argument of ours to prove that this is a very undue number. In exceptional circumstances—for example, when famine devastates a country—a great part of the population may have to rely upon charity in one shape or another for the necessaries of life. But if such a state of things became chronic, we should think that it augured very ill for the prosperity of the people. Soup kitchens are excellent institutions on an emergency, but it would not be beneficial to have them always in operation, for the supply of all comers. And the principle is the same with regard to medical charity. Sickness is not one of the

necessities of life, and yet it may truly be said to be one of its necessary accidents. It is a contingent event, but a contingent event which, speaking generally, is certain to come sooner or later. Is it wise then, to rest contented with a state of things which permits so large a proportion of the population to rely upon the charitable help they can obtain from others in a matter which is, sooner or later, a practical certainty—almost as much a certainty as that another meal will be needed, or another suit of clothes? It seems to us that no thoughtful person can acquiesce in a state of things which, under the name of charity, is in truth pauperising a large section of the community, and inducing them to depend, not upon their own prudence and forethought, but upon the aid they can derive from others.”

That the most flagrant abuses existed, and were increasing to an alarming extent, was evident; and it was found that a pressure was brought upon the hospitals greater than they were able to bear. According to Dr. Meadows, “the poor were being gradually ousted out of the consulting room by well-to-do persons; and he knew, as a fact, that persons in the possession of incomes of £1,000 a year came as out-patients to receive advice, and that the wives and daughters of men almost as wealthy actually borrowed their servants’ clothes in order to apply as outdoor patients.”

So great had this evil become that, according to parties who had investigated the matter, in the interior of London, including its great eastern and southern quarters, nearly all below the middle class, and some even of them, were provided with medical attendance and medicines by private charity, with some assistance from the Poor Law. As a matter of course, medical relief of this kind was little better than a mockery, owing to the impossibility of giving sufficient time and attention to each case. The waiting rooms of the hospitals and free dispensaries were besieged by crowds of patients, who were frequently seen, and passed through the medical and surgical mill at the rate of fifty per hour.

Those who thus depended upon the outdoor patient department of the hospitals for their medical relief, after wasting perhaps a day in begging for a subscriber’s letter, and half-a-day in the waiting room of the hospital, got on an average, perhaps a minute of the physician’s or surgeon’s time, one whom they had never seen before, and might never see again; and perhaps, in addition, a bottle of medicine, for which they would require to

wait an hour or two, and which, most likely, they never took. The whole affair became necessarily a pious, or rather a charitable, fraud—a fraud on both contributors and patients, medical officers and students.

While the leading medical men of London, and specially those whose names are familiar to us in connection with the hospitals, were moving in the matter of hospital reform, the *Charity Organization Society*, having for its object the improvement of the permanent condition of the poor, came to the conclusion that one of the most powerful of the causes by which their condition had been depressed was this system of gratuitous, indiscriminate medical relief; and that every other arrangement for their benefit must fail in producing its full effect while this evil remained unremedied. The Council of the Society, therefore, appointed a committee to investigate the matter, and, in October, 1871, this committee made a report, pointing to "a large development of the provident principle" as the appropriate remedy for the abuses of the medical charities; and submitting model rules for the management of Provident Dispensaries, based upon the experience of those institutions.

The *Charity Organization Society* have held three conferences on the subject: one in 1871, which was attended by Mr. W. H. Smith, M.P., and by Mr. Stansfeld, M.P.; the second under the presidency of Dr. Acland, the president of the General Medical Council; and the third under Lord Frederick Cavendish.

In 1875 a large and influential section of the medical profession, resident chiefly in London, moved in regard to the question of hospital and free dispensary abuse as inflicting a serious injury upon many deserving members of the medical profession; and a petition was presented to the president and committee of council of the British Medical Association, to take into consideration the relation of the medical profession to the hospitals and free dispensaries throughout the kingdom. When called upon by the committee "to devise some measure of reform," it was proposed, *inter alia*, that at all hospitals and free dispensaries there should be some system whereby an effectual inquiry might be made into the social condition of the applicants for medical charity, and their ability or non-ability to pay something for themselves; and that, in the development of the "Provident System," and the various modifications of which it is susceptible, a remedy might perhaps be found for the evils which have become apparent.

A committee of the Association on "Hospital Outdoor Patient Reform" was accordingly appointed; and, since that time, it has been a standing committee which reports annually to the Association, a sub-committee having been also appointed on "The Working of the Provident System."

At the last conference of the Charity Organization Society, the president, Lord Frederick Cavendish, said, in the course of his address on this subject:—"You had best go to the Friendly Societies, for they are acquainted with the principle of association, and the principle of self-help." The advice of Lord Cavendish was acted upon, and in the year 1878 circulars were sent out to the Friendly Societies, containing a proposal to form a Metropolitan Medical Association. The answers received being not only favourable, but of the most encouraging nature, a new point of departure was taken, as it was seen that the provident scheme, on a large scale, could be better carried out by an independent agency than by committees of the Medical Profession, or of the Charity Organization Society.

In June, 1879, a large representative meeting was accordingly held in London, under the presidency of the Right Hon. James Stansfeld, M.P., to consider the proposal placed before the representative working men of the metropolis by the medical committee of the Charity Organization Society, to form a "Metropolitan Medical Association," whereby members of the working-classes and their families might be insured in health for medical attendance and medicines in sickness and disease. The conference had been called by gentlemen representing, in the first place, the Charity Organization Society; secondly, by the representatives of the Hospital Saturday Fund; thirdly, by the associations of working-men—those great Friendly Societies of the metropolis—and provident dispensaries; and by gentlemen connected with the great hospitals of London. At this meeting two resolutions were adopted, the first being in favour of the establishment of a metropolitan association for the purpose of providing for the ordinary medical treatment of the industrial classes on provident principles, in due relation to the hospitals; the second being that a representative committee be appointed to prepare rules, to be submitted to a subsequent meeting. The committee was constituted as follows:—
Chairman.—The Right Hon. James Stansfeld, M.P. *Members of the Charity Organization Society.*—Sir Charles Trevelyan, Bart., K.C.B., Mr. W. Bousfield, and Mr. J. R. Holland. *Members of*

the Governing Bodies of Hospitals.—Sir Thomas Fowell Buxton, Bart., Sir Rutherford Alcock, K.C.B., Mr. E. H. Lushington. *Members of the Medical Profession in the Metropolis.*—Mr. Timothy Holmes, Mr. Ernest Hart, Dr. Joseph Rodgers. *Representatives of the Saturday Hospital Fund.*—Messrs. Mackenzie, Byne, and Frewer. *Members of the Ancient Order of Foresters, of the Independent Order of Oddfellows, of the United Patriots' National Benefit Society, and of the Druids.*—Messrs. Radley, Cripps, Herne, Newman, Armstrong, and Witted. At the first meeting of this committee, in July last, a sub-committee was appointed to prepare the first draft of the scheme; and it was resolved that the scheme be based on the following principles:—1. That, as the dispensaries are intended to be for that portion of the population which is between the class able to pay the usual professional fees and the destitute class provided for by the Poor Law, the rates of payment and the expenses should be arranged in accordance with that view. 2. That the rates of payment at the dispensaries be sufficient to defray the current expenses, including the due remuneration of the medical officers. 3. That the best mode of providing for the preliminary expenses and outfit be specially considered by the sub-committee. 4. That a carefully considered arrangement be prepared for the prompt interchange of cases among dispensaries and hospitals according to their respective requirements. 5. That an arrangement be also made to secure skilled and experienced nursing for dispensary patients when necessary.

In this brief sketch which I have given of the movement for the establishment of Provident Dispensaries in the metropolis, you would observe that it had its origin almost simultaneously in the ascertained abuse of the metropolitan medical charities, and in facts brought to light through the investigations of the Charity Organization Society.

The committee appointed at the meeting presided over by Sir William Fergusson, the Medical Committee of the Charity Organization Society, and the Memorialists to the British Medical Association, all agreed on one point—viz., the establishment and extension of Provident Dispensaries as a mode of getting out of the difficulties of medical charity abuse, and of successfully grappling with mendicity. Provident Dispensaries have been in existence, in various parts of the country, for nearly half a century; and their results have been so far satisfactory, that those interested in the reforms indicated could point to existing

institutions as being thoroughly adapted to the wants of a large and important section of the community.

But although the movement had its origin in the recognition of certain abuses, and was intended to rectify existing evils, the system of Provident Dispensaries is now being discussed on its own merits, and should be considered as a question of Social Science, in the department of Public Health. This aspect of the question was well illustrated by Mr. Timothy Holmes in some remarks which he made at the meeting in London, in June last:—
“As a faithful servant of the hospital system of London,” he said, “there was a most important function connected with the medical relief of the poor to which very little attention was paid. The mere treatment of disease was but a fraction as compared with the importance of preventing disease. The hospitals could do little in undertaking this function, and any institution, to do this, must treat disease in the homes of the people; for it was in the homes that the great epidemics were nursed, and it was only in the homes that many complaints could be treated, and that the medical man could give advice as to the manner of living. A medical man must know how a man lived before he could treat a case, and in seeing a man for a minute in the out-patient department of a hospital, and giving him a bottle of medicine, no assistance was given to help the general standard of health. The hospitals performed great functions; but this out-patient system, as now carried on, did not permit of the standard of health being raised.”

Sir William Gull looks at the Provident Dispensary movement from the same standpoint. In the discussion, in which he took part, upon Sir Charles Trevelyan's paper, in 1877, he said:—

“If provident dispensaries were more generally established, and the medical men attached to them were constantly to visit, at their own homes, the patients who were too ill to personally attend, the best influences would be brought to bear upon this class of society. Most of you know that the poor have an idea that disease comes from Providence, and that it must be cured by drugs. Now, if there is any idea that 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 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 guaran-

teeing the quality of that which is taken. The existence of gin palaces at one corner of the street, and free dispensaries at the other, are evidences, by contrast, of the monstrous anomalies existing in our society."

It is fortunate, for the success of the movement, that the Provident Dispensary Scheme is now placed before the public, not for the purpose of solving the questions of charity abuse, of mendicity, of the invasion of professional interests, &c., &c., but to determine the question as to how the health of the working-classes, who are the backbone and the basis upon which the prosperity of the country must rest, can be best secured? It is not a "doctor's" question, though medical men have to do with it; it is a social economy question; for, as Dr. Rumsey has well said, "Many of the social burdens arising from widowhood, orphanage, and funeral expenses, which have been attributed to defective sanitary arrangements, depend also, in great measure, on the want of early care and attention at the hands of duly qualified medical practitioners. An immense amount of productive labour is lost to society by mortality which might be diminished; and by sickness, which might be either prevented or curtailed."

Before discussing the question as to whether the Provident Dispensary Scheme is applicable to such a city as Glasgow, it may facilitate a clearer conception of the scheme were I to read to you extracts from the "Model Rules for Provident Dispensaries," issued by the Medical Committee of the Charity Organization Society, in June, 1878, as I am not aware that the Committee of the Metropolitan Association, appointed in June, 1879, have yet issued their rules.*

I. *Object.*—The object of the Institution is to secure, on provident and mutual assurance principles, medical advice and medicine, during illness, for the working-classes, domestic servants, and other persons who are unable to pay the usual professional fees. The benefits of the Institution are intended for persons living within the district bounded by———, but may be extended to others outside, at the discretion of the Committee, and with consent of the medical officer who has to attend.

* The Provisional Committee for the establishment of a Metropolitan Association have, since the above was written, issued their scheme, which is a very valuable document. The Committee recommend that the new system should be, from the beginning, free from the taint of dependence and pauperism, believing that "a subsidy of any kind would be a mistake, as tending to destroy self-respect and independence."

II. *Constitution.*—The members consist of two classes—“Honorary” and “Provident.” Subscribers of one guinea are honorary members; and donors of not less than five guineas, and ministers of religion, and others, who collect ten guineas or upwards, are honorary members for life. The provident members are those who make the prescribed payments, and are thus entitled to receive the aid of the Institution. Persons whose average gains do not exceed forty shillings a week are eligible for membership, unless the average earnings of a father, and his children under sixteen, amount to more than forty shillings a week, in which case they are ineligible except under special circumstances. Every adult member of six months’ standing, whose subscription is not in arrear, may vote at the general meetings, and is eligible to serve on the Managing Committee.

III. *Committee of Management.*—The immediate direction and management of the Institution is vested in a committee consisting of the president, treasurer, medical officers, and ——— members elected at the annual meeting, of whom one-half may be provident members. (*Here follow powers of the Committee.*)

IV. *General Meetings.*—(*Here follow regulations as to such.*)

V. *Provident Members.*—Provident members will, in right of their payments, be entitled to all the benefits of the Institution, including medicine as well as medical advice, and attendance at their own homes when needed. The days of attendance of the several medical officers at the dispensary will be made known. Members will name the medical officer by whom they wish to be attended, but no change can take place during illness without the consent of the committee of management. Any person who wishes to become a member must give his or her name, age, residence, and occupation, with the like particulars as to wife and children, if any, and such information as may be required as to the circumstances of himself and family; and must deposit one month’s subscription, which will be returned, if the application is declined

The scale of monthly payments is—

Each person above 16,	8d.
Man and wife,	10d.
For each child (up to three),	2d.
Widows,	4d.
For each child of a widow (up to three),	1d.

all of which must be paid in advance.

Children can only join with one of their parents or guardians. Not more than three children will be charged for in any one family. All others will be free. (*Here follow rules as to payments in advance, and arrears.*) Applicants for membership actually suffering from illness, requiring medical treatment, must pay six months in advance. Patients who are able must attend at the dispensary at the appointed times, bringing their member's cards with them. Patients too ill to attend at the dispensary must send their cards, before ten o'clock in the morning, to the residence of the medical officer they have chosen, who will see them at their homes. In cases of sudden illness or accident, members will be attended at any time on sending their cards to any one of the medical officers. Married women, having been members for three months, may be attended in their confinements by one of the medical officers upon payment of 15s., or by one of the midwives upon payment of 7s. 6d. These payments may be made in one sum, or by instalments of not less than 2s. 6d. each, and must be completed one month before confinement. The midwives will, in cases of danger or difficulty, call for the assistance of one of the medical officers skilled in midwifery. The children of members will be vaccinated without charge.

VI. *Medical Officers.*—The medical officers will be elected by the committee of management from persons qualified to practice under the Medical Registration Act, at least seven days' previous notice of vacancies being given by public advertisement. The medical officers will attend at the dispensary on such days and hours as the managing committee deem requisite, and will visit patients at their own homes whenever the case requires it. They shall each keep a register, according to a prescribed form, of all cases treated by them, and report quarterly to the committee on the statistics of health of the members under their care. One-half of the payments of the provident members (with the exception of the midwifery fees) will be divided at the end of every quarter or half year among the medical officers, in proportion to the amounts received from members registered under their names. The midwifery fees payable to the medical officers will be made up to one pound for each case out of the dispensary fund. The balance of members' payments, together with the contributions of honorary members, will be appropriated towards the expenses of management. The committee will distribute at least two-thirds of it among the medical officers. Assistants shall not be employed without the permission of the committee.

VII. *The Midwives*.—The midwives will attend to lying-in cases under the directions of the medical officers, and shall send for a medical officer in any difficult or unusual case. They will continue their attendance for fourteen days after delivery. They will be paid the member's lying-in fee of 7s. 6d., and 2s. 6d. from the dispensary fund.

VIII. (*Refers to Dentist.*)

IX. *Nurses*.—The committee will, by arrangement with a Nursing Association, or in some other way, endeavour to obtain the advantage of skilful and tender nursing in sickness for those members who are reported by the medical officer to require this assistance.

X. *Recommendation of Cases for Consultation or Treatment at Hospitals*.—When a patient can be more satisfactorily dealt with at a general or special hospital, it will be the duty of the medical officer in charge of the case to recommend it accordingly, either for consultation or treatment, as the circumstances may require; and, if requisite, he will himself join in the consultation.

XI. *Reciprocal Benefits between Provident Dispensaries*.—Members leaving the district will be entitled to a certificate of all arrears having been paid, with a view to their being admitted at once to other Provident Dispensaries upon the usual payment of one month's subscription in advance; and they will be readmitted on the same terms in the event of their returning to their original district.

Having placed before you the general scheme of Provident Dispensaries, I proceed to the question, Is there any necessity for the institution of such dispensaries in the city of Glasgow and in similar large centres of industrial populations? I, of course, answer the question in the affirmative.

I find, from Dr. Russell's Report upon "Uncertified deaths in Glasgow," published in 1876, that, in 1874 there were 38,910 patients treated in connection with the four Medical Charities in Glasgow—viz., the Royal Infirmary, the Western Infirmary, the Maternity or Lying-in Hospital, and the Medical Mission—representing one-thirteenth of the entire population. Of these, 1,556 were treated at home and supplied with medicines by the medical officers of the Medical Mission; 29,409 were treated in the Public Dispensaries; and 6,654 within the two hospitals. The confinements in the houses of patients numbered 986, and in the Maternity Lying-in Hospital, 305. The total number treated by

private charity, omitting midwifery cases, was 72 per 1,000 of population, as compared with 200 in Edinburgh, and 236 in Liverpool. Since that period the operations of the Glasgow Medical Mission have been extended, and the public dispensary at Anderson's College has been opened, the latter also supplying medicines gratis. In this enumeration I have not taken into account the special hospitals and dispensaries for diseases of the eye, ear, and throat. I need scarcely mention that the public dispensaries are free to all comers, without "lines" from subscribers; but that, for admission to the hospitals, subscribers' "lines" are necessary. For the London dispensaries, governors' letters seem to be necessary, and medicines are given; whereas, in Glasgow, medicines are only given in exceptional cases, and the dispensaries are open to all, without questions being put as to the circumstances of the patient. Although 39,000 patients treated, in part at least, by private charity looks a large number, I do not think that the private charities of this city are abused, or taken advantage of by the public to any great extent for the purpose of avoiding payment for what they are able to pay. Speaking from my own experience as one of the dispensary surgeons of the Western Infirmary, I have much pleasure in stating that that medical charity is not abused, but that, on the contrary, it is taken advantage of by the very class for whom it is intended; and I believe that the dispensary surgeons of the Royal Infirmary can bear testimony to the same effect. A large number of the cases require minor operations, and subsequent dressings; while a considerable number are, strictly speaking, consultation cases, the more important of which are recommended for hospital treatment. Many of these patients come from considerable distances for professional advice, and they do so frequently on the recommendation of their regular medical attendants. Cases of peculiar interest are referred to the regular hospital surgeons, so that, while primary attention is attached to the interests of the patients, such selected cases add to the importance of the hospitals as schools for clinical instruction. In so far as I have been able to observe, there is nothing whatever of a pauperising tendency in the outdoor patient department of the hospital dispensaries; and I do not think that there is any ground for complaint, on the part of medical practitioners, as to the free dispensary system, as carried out in Glasgow, interfering with professional interests. Indeed, I may state that I have never heard of any such complaint from medical practitioners, so that the Pro-

vident Dispensary system cannot be recommended for Glasgow as a remedy for evils arising out of the abuse of our medical charities. The system, therefore, of mutual assurance during health, for medical attendance and medicine during sickness, must be tested by its own merits.

For the purposes of this inquiry, the community may be divided into two great classes—viz., those who are able to pay the usual professional charges, and those who are not able to do so. The second class—that with which we have to deal—includes the pauper class, or those persons who are in receipt of parochial relief; but this class being provided for out of the public funds, and being attended by the parochial medical officers, does not come within the scope of Provident Dispensaries.

The promoters of Provident Dispensaries define the first class—viz., those able to pay the usual professional fees, as individuals, or heads of families, whose income is over 40s. per week; and the second class—viz., those unable to pay the usual professional charges, as individuals, or heads of families, whose income is less than 40s. per week. This, like all other generalizations, is necessarily imperfect; but this imperfection is met, and provision is made for obviating it, by the discretionary power vested in the committee of management, whose duty is to investigate each case of application for assurance, and to take into account, as regards acceptance or rejection, special circumstances. The divisions and the definitions thereof are merely intended to indicate the circle within which the groups of cases may be found requiring the extraneous aid of Provident Dispensaries. The outer margin of the circle is blended with the well-to-do and the opulent circle; while the centre is darkened by the hues of pauperism, and those objects of charity who have been entrusted by the Legislature to the voluntary benevolence of the public. A line must be drawn somewhere, and I can give no more satisfactory reasons for making a weekly income of 40s. the boundary of the circle, than our authorities can for defining a £10 rental as the charmed circle of exemption from the payment of certain public rates.

A man's ability or non-ability to supply himself and his family with all the necessaries of life does not depend altogether upon the rate of his weekly income. His requirements must be taken into account; and it may be found that many of those in the receipt of good weekly incomes, require almost every penny to meet charges of constant occurrence. There is often, also, a pres-

sure brought to bear upon the wage classes which tends to force them into the vortex of pauperism—viz., those obligations under the Poor Law to support, in whole or in part, parents and descendants. This is often a burden which, though cheerfully borne, is manifestly too heavy to bear, and necessarily tends to the ultimate pauperization of the family. For all practical purposes, therefore, the 40s. per week circle, with the discretionary powers mentioned of exclusion and inclusion, may be accepted as a reasonable limitation of the area within which the Provident Dispensary Scheme may be planted and propagated.

Having thus briefly indicated the class contemplated by the scheme, it may be advisable to consider whether this class really requires any extraneous aid; and, if so, of what description, meaning, of course, extraneous aid in the matter of medical attendance.

I presume that the medical necessities of each section of society, high and low, rich and poor, are pretty much alike; but such necessities are not equally realized, and, consequently, are not uniformly applied for and supplied. Among the opulent and well-to-do classes, who are in circumstances to avail themselves of the services of a regular family physician, every case of illness, and even so-called trifling cases of illness, are promptly attended to; and those affections incidental to infancy and childhood are generally treated on the first appearance of symptoms of ill health. Attention is also given to the sanitary condition of the residence, to personal hygiene, to the maintenance of the standard of health, to the prevention of disease; and, it may be stated generally, that the family physician has the general oversight of the health of the household, as well as the treatment of disease when it does appear. Amongst this class we have a lower death-rate, and a higher standard of general health than prevails among the population generally; and, in so far as we can judge from our vital statistics, there is in progress a decided improvement. Even amongst this class, personal and general hygiene does not meet with the amount of attention which it merits; but increasing attention is being paid to such subjects, and there is reason to expect a gradual and steady improvement in the standard of public health.

The same system prevails in the households of many within the circle specially under consideration, and the same prompt attention is paid to all cases of illness. The obligations of this section are honourably and cheerfully met, and apparently with no great difficulty; but there are many who do not and cannot do so, the

neglect being due in many cases to ignorance or to poverty; and, in some cases, to parsimony, or to all combined. To so-called trifling complaints no attention is paid, so that the trifling cases become serious, then dangerous, and finally fatal. Amongst many families, children's diseases—the deadly zymotic group—are either totally neglected or mistreated, under the directions of some wise old woman; and it is only when the patient is *in articulo mortis* that medical aid is called in. But I believe that there are many of this class, perhaps I would not be far wrong in saying the most of this class, who hesitate in calling in professional aid because they do not see their way to incur the expense, or to impose upon themselves obligations which they can never meet.

Dr. Russell, at page 57 of the admirable report to which I have referred, says, that of the deaths registered in Glasgow, in 1874, 3,600 were uncertified. Of these, 1,646 were admitted to have had no medical attendance, while 1,403 had been taken to a dispensary. Of the adults 65 per cent., and of the children $34\frac{1}{2}$ per cent. died without medical attendance; while of the adults 13 per cent. and of the children 54 per cent. had been taken to dispensaries for treatment; and he asks—"What can be the meaning of the fact that 54 per cent. of the *children* who died 'uncertified' were 'taken to a dispensary,' and only 13 per cent. of *the adults*, while 65 per cent. of the adults who died 'uncertified' died without medical attendance, and only $34\frac{1}{2}$ of *the children*, but this, that children are portable and were carried to the doctor, while the adults went as long as they were able, and when unable, died at home without further care?"

"The only satisfaction to be got from such facts is this, that they indicate a desire on the part of the poor to overcome the difficulties of their position, and prove that they go in search of that which, by charitable agencies, ought to be brought to them in their own homes. Nor must we allow those numbers concerning deaths to become impressed upon our minds as giving any conception of the actual extent of neglected sickness in Glasgow. These 3,600 uncertified deaths, with their various degrees of admitted uncared-for sick beds, are simply a few of the multitude singled out and proclaimed to us by death, while 20 to 25, at a moderate computation, for each death have been sick, and have been equally uncared for. If 1,600 persons died absolutely without medical attendance, we may be sure that 32,000 had various degrees of sickness, and received no medical aid."

Dr Russell, in the paragraph quoted, writes with the view of calling public attention to the clamant necessity which exists for the extension and organization of our medical charities, so as to carry their benefits to the homes of the poor; and he calls attention to the fact that 32,000 persons, outside the pauper circle, suffered from various degrees of sickness, and received no medical aid, and that of these, 3,600 died in one year in this city, without having even so much attendance during their illness as would warrant a duly qualified medical practitioner granting a certificate as to the cause of death. Doubtless, a number of the deaths so registered would be cases of sudden death; but, were even such cases eliminated, the general deduction to be derived from the facts would not be materially altered.

The percentage of uncertified deaths in Glasgow during the year 1878 was considerably less than during 1874, being 13 as compared with 22; but we are still confronted with the same class of facts. These 1,646 cases of death, regarding which it was avowed there had been no medical aid whatever; those 552 cases in which the medical men refused to certify as not having attended the cases; and the 1,403 children whose only medical attendance consisted in being carried to a public dispensary or a doctor's shop, all belong to the class which I have introduced to your notice—viz., the class comprehended within the 40s. per week area. To the question, therefore, does this class require any extraneous aid in the form of medical attendance, we have a response in the affirmative from 3,600 graves in one year, and from 32,000 sick beds at least.

What is the meaning of these figures? The 3,600 dead, and 32,000 sick, were not isolated human beings—strangers in our midst. They represent a class, probably a large class, every one of which is being gradually drawn into the same vortex of misery. The 3,600 of one year are replaced by 3,600 the next year, and we may well ask from whence are the recruits drawn. They come, I doubt not, in many instances, from among the respectable working-classes, whose misfortunes were greater than they were able to bear; for the death of a parent often means the ruin of a family, and the death of children quite as often means the ultimate pauperization of parents; they come also from among the respectable but improvident, who live from hand to mouth, and make no provision for the future; they come also from the ranks of the reckless and the improvident, whose chief anxiety is how to avoid the

payment of their just debts ; they come also from the ranks of the immoral and the vicious ; while a vast number belong, I doubt not, to the labouring class, whose income cannot supply them with more than the bare necessities of life.

Dr. Russell recommends the extension of our charities for the benefit of this class, while I recommend, in addition, the establishment of Provident Dispensaries ; but, after all, we are agreed that extraneous aid is necessary. There are, doubtless, a vast number of individuals who are, in virtue of their social position, living on the borderland of pauperism. A man with a wife and family, whose wage does not average more than 15s. per week throughout the year, has not much to be either provident or improvident with ; but even among such there may be a small margin for thrift. Dr. Russell looks upon one section of the class—viz., that which is in actual destitution, and which must be immediately relieved ; whilst I look upon another section of the same class—viz., that which possesses the means of being saved from the impending evil, and say, provide yourselves against the evil day. The two agencies work towards the same end, the one from the centre towards the circumference, and the other from the circumference towards the centre. Dr. Russell, in his report, gives prominent importance to the principle of self-help, and he observes that “Independence of extraneous aid, especially medical, rests, for a large proportion of our population, on the continuity of two conditions:—1. The steady application to daily wants of every penny earned ; 2. The maintenance of unbroken health, both by the bread-winner and his dependants. Unhappily, the number of those who deviate from the first condition greatly swells the ranks of those who necessarily become dependent when the second condition is invaded, as in the most favoured circumstances it so invariably is from time to time, as children multiply, and time passes.”

The sole object of the Provident Dispensary scheme is to secure the second condition by the application of the first ; and to do so on the principle of mutual assurance, the monthly rates of payment by the Provident members being within the means of all who are not absolutely destitute. If a family, consisting of husband, wife, and any number of children under sixteen years, cannot afford to pay, through no fault of their own, at the monthly rate of 1s. 4d. for medical attendance and medicines, then I say that that family, when invaded by sickness, are proper objects for

public or private charity. This is the highest rate payable by any family, and represents an extreme case. Take the case of a widow, with any number of children under the age of sixteen: the monthly payment amounts to 7d., a rate certainly within the means of all not absolutely destitute. This also represents an extreme case; for the greater the number of children, the greater is the household expense; but these cases clearly represent the boundary lines at which private charity must come in to the rescue.

I think there can be no doubt that almost the entire wage class could, were they willing, avail themselves of this mode of assurance, so that some limits could be placed on the ever widening boundary of private charity; and it would be a great matter were we able to say, regarding every uncertified death—this is the result of improvidence or vice. But this aspect of the question is comparatively unimportant, the great merit of the scheme being that every inducement is held out for consultation regarding health, and for prompt attention to every case of illness at its earliest stage, the family of the artizan being placed on the same footing, as regards the essentials of medical treatment, as that of the opulent merchant. Under such a scheme, no case of illness would be neglected, and, were the principle extensively adopted, it would be possible to grapple with the infectious diseases of children. Of course, I cannot speak from either experience or observation as to the practical working of Provident Dispensaries, but, judging from analogous cases, I can form a tolerably accurate opinion as to their intrinsic value, and as to the important effects they would have in promoting the Public Health. In Glasgow, as in other places, there are many Friendly Societies, such as the Oddfellows, the Foresters, the Gardeners, the Shepherds, &c., which are simply mutual assurance societies for medical attendance, medicines, and aliment during sickness, and for burial money at death. These Societies are mainly composed of the *élite* of the working-class. They are not necessarily open to all comers, for candidates must be proposed, seconded, and medically examined prior to admission as members of the order. Male adults only are admitted. No member can be placed upon the sick list without being seen by the medical officer, and, as every member is entitled to aliment should he be even a day off work, every case of illness comes under immediate observation and treatment. Working-men of character and ability, such as comprise the provident class, are

much more anxious to keep off the sick list, even with its inducement of alimant, than to be placed on it, and hence the medical officer is consulted in matters pertaining to health, and in so-called trifling cases of illness, more frequently than occurs in the best description of general medical practice. The consequence is precisely what might be expected—a low death-rate from acute diseases.

The best feature in the Provident Dispensary scheme consists in the fact that the interests of the medical man and his patients are identical. If the doctor can secure “the maintenance of unbroken health, both by the bread-winner and his dependants,” labour and expense are saved, and in cases of illness, the more speedy and complete the recovery, the better it is for all concerned.

I do not by any means intend to convey the impression that the interest of the medical man and the patient or family necessarily, or even usually, conflict; but I mean to say that, according to this scheme, the maintenance of the standard of health, and the prevention of disease, are so obviously in the interest of the medical officer that it must be prominently before his mind; so that, by the small payments mentioned, the poorest persons may obtain advantages equal to those possessed by the richest. In this respect, therefore, the Provident Dispensary scheme is eminently calculated to promote the Public Health.

In so far as I have laid the scheme before you, I think you will admit that the advantages offered are very great to the provident members; but it may occur to you that there is an objection which may weigh considerably with some who would otherwise regard it favourably. People like to select their own medical attendants, and dislike being restricted in their choice. True; but even according to present arrangements, people are necessarily restricted in their choice; for doctors, whose practice may be confined chiefly to the working-classes, cannot afford to follow their patients when they migrate from his district; and families, when they migrate to distant districts, soon find it to be inconvenient even for themselves to send to considerable distances for their doctor. This difficulty is obviated, in so far as it is possible, by having, invariably, more than one medical officer attached to a district dispensary, and there is no restriction to the number who may be elected. Sir Charles Trevelyan, who is the ablest and most enthusiastic exponent of the system, says:—“He, the member, can select a confidential family doctor from among the

medical officers of the Dispensary; in cases of serious illness, he is entitled to medical attendance and medicines; and, if necessary, to skilful and tender nursing, *at his own home*; and if he suffers from disease requiring hospital treatment, he is recommended to the general or special hospital most suited to his case. The advantage to medical men is, that there are no small bills to collect, and no bad debts, the payments being made, not to the doctor direct, but at the Dispensary; and that an opportunity is afforded for acquiring valuable experience, especially in the domiciliary treatment of disease, as well as personal favour and professional reputation. Everything in life is 'give and take,' and it is enough if a preponderance of benefit can be shown. A few small professional fees, which, after all, are expensive and difficult to collect, may have to be foregone towards the upper margin of the working-class; but, on the other hand, that entire class, stopping short only at absolute paupers, will be brought under effective contribution."

I forbear entering upon the business aspect of the question, as affecting medical men, but I may state my opinion that the establishment of such dispensaries would benefit many, and would injuriously affect none. I do not think that the medical men of Glasgow are, as a rule, overburdened with remunerative work; on the contrary, I think that their number is quite sufficient to meet the calls for their services. Perhaps some may think that there is rather a plethora than otherwise, but we find that in Glasgow, including the suburbs, there is but one practitioner for every 2,250 of population, while in Edinburgh there is one for every 1,000 and in Liverpool one for every 1,500. The numbers per 1,000 of population in Glasgow who receive charitable medical aid are 72, while in Edinburgh there are 200, and in Liverpool, 236. From these facts, Dr. Russell concludes:—“(1) That the work done by such charitable agencies is work which, if not so done, will never be done at all; and (2) That the private interests of the medical profession are not invaded by even the most complete system of medical relief.” From the same facts, I conclude that the field for Provident Dispensaries is virtually, in great part, new ground, and that the cultivation of it will not interfere with the private interests of the profession.

The interests of the medical profession may, and probably would, be invaded in a very serious manner by introducing a system of gratuitous medical aid to all who may choose to avail themselves

of it, but never by the introduction of the Provident Dispensary system.

Of all the systems of medical relief, the semi-charitable is, in my opinion, the worst. In Liverpool there are, in addition to the hospitals and attached dispensaries, three so-called medical charities, the North, South, and East, which are amalgamated under one committee of management, with a paid secretary and central office. To each dispensary there is attached a staff, the total consisting of 13 consulting medical officers, 17 ordinary medical attendants, 3 resident house surgeons, and 4 apothecaries. The poor are attended at their own homes, and medicine is supplied in all cases. Patients are attended to on the presentation of "recommendation slips" signed by a subscriber to the charity. In 1874, medical attendance, with medicine, was supplied to 20,575 sick persons in their own houses, and advice and medicine at their dispensaries to 52,760 more, at an expenditure, per patient, of 1s. 4d. for all costs, of which 7½d. was for salaries, and 4d. for medicines, the total expenditure being £4,870. Regarding Bristol, Dr. Davies, medical officer of health, says:—"Every man in Bristol can procure medical advice and attendance for himself and family most easily, by applying to his employer for a dispensary ticket, to which almost all employers in Bristol subscribe; by joining benefit societies; or by getting a note for the Royal Infirmary or General Hospitals." This system looks well; indeed, it seems to be highly satisfactory; but, while it remedies one evil, it creates and perpetuates another of much greater magnitude. We are practically unacquainted, in Glasgow, with this mode of dispensing medical charity; and, should it ever be introduced, great caution would be necessary. Almost all employers, it is said, subscribe to the charity; and when one of the employed, or of his family, falls sick, he can easily secure medical advice and attendance by applying to his employer for a dispensary ticket. I have no right to exclude motives of pure benevolence from the subscribers to such charities, and in all probability the gift is to many an act of pure benevolence; but it is liable to great abuse, and it could be made a mode of paying-in a pound and receiving change on very advantageous terms. *If you are satisfactory to me, I can give you and your family, in addition to your weekly wage, medical attendance and medicine free of charge; but, if not, then—*. Where does the charity come in, either on the part of the giver or receiver? Small shopkeepers, who drive a business

chiefly among the working-class, subscribe also to the charity, and the tickets at their disposal are distributed among their customers. This certainly looks like getting change for a pound note, with the addition of a certificate for practical benevolence. This is not charity—it is traffic; and it is trafficking, on the most favourable terms, with the services of the medical profession. It is possible to pay too much for an article, though no money may change hands; and it appears to me that this article of medical attendance and medicine is purchased by the sacrifice of independence, and the consequent loss of self-respect, which is the greatest loss which any man can sustain; for, when a man loses self-respect, there is not much left. When a man is a pauper, not from necessity, but from choice, he is gravitating towards a condition from which the element of choice is eliminated—a condition of necessary pauperism. Every scheme which has a tendency to pauperize, however benevolent its title may be, should be regarded with more than suspicion; but a similar scheme, based upon “thrift,” commends itself to every right thinking man, the only question being, Is it practicable?

I believe that there would be no great difficulty in successfully introducing the Provident Dispensary scheme into Glasgow; but it would require a distinctive agency. Various administrative arrangements have to be made before the scheme can be placed upon a basis sufficiently solid to commend it to public confidence; and pecuniary aid would be necessary until a sufficient number of provident members had joined to make it self-supporting. There are, within the district of Glasgow, at least 20,000 men, most of them heads of families, in connection with the various friendly societies, who are fully alive to the advantages of medical relief, on mutual assurance principles, and who are thoroughly acquainted with the practical working of such societies. Many of these would, I doubt not, favourably regard the introduction of any such scheme, and would give it their hearty support. Indeed, the co-operation of this class would be essential to the success of the scheme; and, were it once set agoing, I believe that it would be best to leave the carrying of it on in the hands of the provident members themselves. The success of the great provident societies, here and elsewhere, is a sufficient guarantee that those immediately interested can best manage their own affairs, and this class like to do so in their own way.

Would the initiation of this scheme be worth the trouble and

expense? I think it would, on various grounds and for many reasons. I shall confine my concluding remarks to one, not the most important one—viz., its relation to the Public Health. As members of society, we must confront these 3,600 untended death-beds, and these 32,000 uncared-for sick beds. Do what we will we cannot shirk our obligations. We are responsible, probably to a greater extent than we are willing to admit, for both the misfortunes and the vices of this class, and also for their resulting miseries. The most expensive mode of performing our public duties is neglecting to perform them; by-and-by the tax-gatherer will call and we will require to pay, with interest and expenses. If the head of a family dies through public neglect, the account is not settled when the undertaker and gravedigger are paid. There may be another account to settle, on behalf of a neglected family, from the poorhouse, the prison, and perhaps from the hangman. The ramifications of such matters are wide, and may extend so far that we are unable to trace them. Neglected disease of any kind is necessarily a serious matter; but more especially is it so with neglected disease of the infectious and contagious class. Such diseases could be easily rooted out, so that they would finally disappear from our West-End houses; but this is not enough. There is no safety for the West End so long as the East End is neglected; no safety for the rich so long as disease is allowed to run its course among the poor. Every man is his brother's keeper, and no one is rich enough to pay for a substitute. Obligations of this kind cannot be delegated. So long as the health of the poor is neglected, the health of the rich is not safe; and the connection between the hovels of the one and the villas of the other is much closer than most of us imagine. Lazarus, in stern reality, sits at the rich man's gate, and the dog that licks his sores may lick the children's hands. Human nature is stronger than the order of a mistress; so that a maid may, on her afternoon out, nurse a little brother or sister sick of scarlatina or diphtheria, forgetting that she may carry disease and death to the family whom she serves. Who can blame her? Was she warned, while tending the sick child of her mistress, against carrying infection to the little ones of her own family?

Our only mode of safety from the ravages of epidemic diseases consists in attacking them in the centres from which they spread; but this can never be done by medical officers of health and sanitary inspectors alone. The entire population must be brought

under medical surveillance, and I can see no better mode of doing so than by the promotion of some such scheme as I have laid before you. The registration of disease would then be a possibility, and what are now regarded as the day-dreams of sanitarians, would gradually assume the substantial form of realities.
