

Sanitary economics, or, Our medical charities, as they are, and as they ought to be / by Alexander P. Stewart.

Contributors

Stewart, Alexander P. 1813-1883.
Royal College of Physicians of Edinburgh

Publication/Creation

London : J. Nisbet, 1849.

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SANITARY ECONOMICS :

OR,

OUR MEDICAL CHARITIES,

AS THEY ARE,

AND AS THEY OUGHT TO BE.

BY

ALEXANDER P. STEWART, M.D.,

PHYSICIAN TO THE ST. PANCRA'S ROYAL GENERAL DISPENSARY.

LONDON :

JAMES NISBET AND CO., BERNERS-STREET.

1849.

MACINTOSH, PRINTER,
GREAT NEW-STREET, LONDON.

R35740

INTRODUCTION.

THE following observations, embodying views, regarding the present system of dispensary management and its consequences, which I had often urged during the four previous years on the attention of my friends, were drawn up for publication seventeen months ago. I was then for the first time made aware, by the perusal of a letter in one of the medical journals,* that so distinguished a public functionary as Mr. Chadwick was favourable to the establishment of self-supporting dispensaries. I subsequently discovered that Mr. Henry L. Smith, of Southam, in Warwickshire, had been endeavouring, for upwards of twenty-six years, to inculcate, both by precept and example, the very principles I had been attempting to set forth. Having just completed the fifth year of my dispensary toils and pleasures, (for to those who value "the blessing of him that was ready to perish," the labour has its pleasures,) I have drawn out the musty manuscript from its hiding-place, and with a few alterations send it forth to the world. Should it appear to any that I have studied plainness of speech and illustration

* Lancet, June 10, 1848.

at the expense of that suavity and gentleness which to them would have been more persuasive, let them not blame the cause for what they may deem the unskilfulness of its advocate. At the same time, let them bear in mind that these pages are intended much less for the keenly sensitive, than for those who tolerate or even approve of the present vicious state of things ; and that an appeal which would carry conviction to one class of minds would to another and much larger class act as a soothing opiate. The complacent acquiescence of the public in what I believe to be a great and growing evil implies, to my mind, a blunted acuteness of perception that calls for language rather forcible than smooth. And had I not felt deeply conscious that "I have my quarrel just," that the social mischief of which I treat is of such dimensions as far to outweigh all considerations of personal wrong, and that I plead for the best interests, not only of a liberal profession, but of the sons of toil, and of the entire community, I had shrunk from expressing myself with that freedom which, it humbly appears to me, the occasion requires.

Grosvenor-street, Nov. 20, 1849.

SANITARY ECONOMICS.

MY late illustrious countryman, Dr. Chalmers, whom I am inclined to place in the first rank as an authority in social economics, has expressed, before a Poor-law Committee of the House of Commons, and in many parts of his writings on Political Economy, his firm conviction that you cannot go wrong in giving to the poor every possible facility for obtaining medical relief. In his work, "On the Sufficiency of the Parochial System,"* he infers (p. 177) that, while the example of the Great Physician "discountenances all public institutions for the relief of want, it affords us an encouragement and a sanction, when we propose that, for the cure or the alleviation of disease, such public institutions might be multiplied to the uttermost;" and that, while a known provision for want, if it be want irrespective of character, holds out a premium on improvidence, dissipation, and sloth, "it is not so with an asylum of disease, for which

* Glasgow, 1841.

men will not qualify voluntarily, save in those cases of self-infliction, which are too rare and too monstrous, to be of any significance in a practical argument upon the question. We cannot imagine, therefore," he adds, "a more glaring violation of sound principle, than when heedless altogether of this discrimination, there is a loud and incessant call for almshouses and places of refuge, and other eleemosynary institutions in behalf of mere indigence; and along with this the most shameful abandonment and neglect of our medical charities." It was, then, on the broad principle, that the natural aversion of healthy persons to medical restraint and nauseous drugs is, in the overwhelming majority of cases, an amply sufficient guarantee against the abuse of medical charities, that Dr. Chalmers removed them out of the category of hurtful charities, and regarded them as eminently beneficial to society.

I was long disposed to look upon this principle as a general law, admitting of scarcely any exceptions. Nor, though I have come to consider the exceptions as more numerous than once I thought them, have I ceased to regard it as a general law. But, on that very account, it strikes me, we should the more anxiously endeavour to calculate precisely the force of any disturbing influences. We shall do wrong to the distinguished philanthropist, on whose opinions I am now commenting, if we forget that he nowhere treats of medical charities as the complement of a legislative provision for the poor. On the contrary, he always separates, as antagonistic, the two prin-

ciples of a public provision for indigence and a public provision for disease, and never thinks of calculating the product of their combined action. His object was not so much to analyse society in its actual state, as to alter the composition of the mass. Foremost among the ingredients which he wished to eliminate, (rightly or wrongly I do not now inquire,) was a legislative provision for indigence, which always seemed to him an unseemly and debilitating excrescence on the body politic. He therefore left it out of view in presenting to, and enforcing on, an unwilling public his *beau ideal* of a well-ordered commonwealth; while his eye dwelt on charities for the relief of disease as among the most attractive features in his vision of good things to come.

Now I am prepared to concede that medical charities, even in the present state of society, will be productive of unmixed good, if these three postulates be granted ;—1. That gratuitous relief be given only to those who are so poor as to be absolutely unable to pay anything either for advice or medicine. 2. That medicine be dispensed to none but those who love it for its own sake, or are really sick ; and 3. That the medicines dispensed be taken by the patients. These propositions seem to me to place “the bane and antidote” of the present system both before us.

To begin with the last, ask any dispensary medical officer what most disheartens him in his “labour of love” among the poor, and he will in all likelihood answer, “The want of any certainty that

my instructions are attended to." He is forced to depend on the honour and truthfulness of his patient, qualities to which the latter is too often a stranger. In hospital practice, you may make sure of your orders being obeyed; in dispensary practice, you are at the mercy of your patient, or, if it be a child, of the patient's friends. Specific instances in which deception is clearly proved are, of course, very rare, but the following is a most glaring specimen of a class of cases, which the system now in force is eminently fitted to multiply. A patient, labouring under chronic bronchitis, was for many months under my care. Many a time did she send for me in hot haste, and many a time did I prolong, by a couple of miles, my winter day's walk, in order to see her, and contrive, if it were possible, some more potent elixir of her woes. Twice a-week did the empty vessel regularly return to be replenished at the laboratory; but still, unchecked and unalleviated in the most minute particular, the mortal malady held on its way—and triumphed. Shortly after her death, her next neighbour informed me, of her own accord, that the patient had never taken a drop or grain of the medicine ordered her during her protracted illness, but had thrown it all away! "To what purpose was this waste?"

The answer to this question opens up a wide and most interesting field of thought and research, which I can only touch upon very cursorily. My long-cherished and firm persuasion is, that the offer of gratuitous advice and medicine draws to the dispen-

saries many who are mere candidates for public or private charity. I have been led to this conclusion from having been often asked, in a way that plainly showed it was the main errand, for a certificate of ill health, either couched in general terms or addressed to some benevolent individual; at other times, for a few lines to the Board of Guardians; but oftener far, for a recommendation to the District Visiting Society. The mere fact of being under treatment at a dispensary may prompt many charitable persons to extend a helping hand to the patient,—and to this there could, in many instances, be no reasonable objection, if the applicant were a patient in the sense of being *a sufferer*. Where, again, the dispensary letters and charitable relief are distributed by the same hands, the application for the wished-for dole is a natural, as the granting of it is a frequent, result of the physician's prescription, which is looked upon as a certificate of genuine sickness. And if it is not so, asks some smart objector, must not the physician be held as *particeps criminis*,—the wilful abettor of fraudulent beggary? Nay, not so fast, sweet master. The physician, unpaid as he is for all his exertions, knows too well the consequence of turning adrift, with the assurance that they have nothing the matter with them, applicants for advice, armed with that formidable instrument—a Governor's recommendation. He knows very well that such a course exposes him to the risk of a correspondence with the incensed Governor, of which he must keep duplicates, in case

of his being summoned to answer for his audacity before the Committee. I frankly confess, that if I had discharged all whom, during my incumbency in the St. Pancras Royal General Dispensary, I have suspected of having no disease specified in the nosology, or of being themselves the authors of their ailments, I should have involved myself in an endless succession of broils. And who does not know, that the time and thought required for sifting and exposing most cases of feigned disease, would amply suffice for the investigation of half a dozen cases of serious illness. So much for this feature of dispensary practice.

Of those whom sickness brings to the dispensary there are several classes. 1. Those who really cannot afford to pay anything either for advice or medicine. 2. Those who could—and many of whom would willingly—pay a small sum, though they cannot pay for private attendance and medicine. 3. Those who, being in circumstances of considerable comfort, should be ashamed to apply for gratuitous attendance. 4. Servants, both male and female, of Governors.

Of the first class, which is clearly the ONLY one entitled to gratuitous relief, I shall merely say, that I believe it to be much less extensive than is believed by those who glance at the surface of society. Hitherto, in England, benevolence seems rather to have aimed at paralyzing, than at stimulating, the self-supporting energies of the working classes; but a healthy reaction is now taking place, and is assigning a remarkable and cheering prominence to all

sorts of *provident institutions* ; and that is a very false philanthropy, which would deter us, by the ready and popular cry of hard-heartedness, from seeking to develop these energies to the uttermost. A procedure this, which is in the highest degree compatible with a liberal and generous treatment of the deserving poor. But what shall we say of the second class ? Why, that *many* of them—I can depone to the fact—have long withstood the temptation held out to them by the dispensary,—have availed themselves of it only after a painful struggle with their own inclinations, and would *never* have done so had there been any *via media* between private attendance and the receipt of alms. Often have I been spontaneously told, “ Indeed, Sir, we have always paid for attendance till now, and we didn’t like to send to the dispensary ; but we’ve been forced to it, for we couldn’t pay any longer.” But this is the first step of the “*facilis descensus* ;” they have no scruple in returning to the dispensary, though a recurrence of sickness should find them improved in circumstances. This, however, it must be confessed, is seldom the case ; for, once fairly reconciled to the idea of receiving public charity, the benevolent society or the parish is thenceforward too often looked upon as superseding the necessity of economy and forethought, and as the appropriate refuge in any season of temporary pressure. As regards this and the third class of cases, I am persuaded, from instances that have come under my own observation, that thoughtless benevolence does much harm by actually

pressing dispensary letters on the acceptance of those who were paying for attendance. The result of one such victory may be most disastrous. The neighbours all around begin to say, "Why, if so-and-so goes to the dispensary, why should not we, who are no better, or, it may be, much worse off?" And so the infection spreads, till one such case may have pauperized a whole neighbourhood. Here is a case in point:—Coming down stairs one day from visiting a lady, who occupied the second floor of a very nice lodging-house in a highly-respectable quarter, I was thus accosted by the landlady:—"Well, Sir, if Mrs. —— is a fit patient for the dispensary, I shall know where to go when I'm ill next." The lodger was, I believe, better off than the landlady; and what could I say?

And now that I have spoken so plainly regarding the humbler classes, it would ill become me to "speak smooth things, and prophesy deceits," when the faults of the great and the wealthy are the subject of criticism. *Faults*, I say, for I have always considered the system of allowing Governors to have their servants supplied with advice and medicines utterly indefensible. Yet such is far from being the opinion of all. Rumour, for instance, asserts very positively, that some years ago a Noble Marquis, who has repeatedly held a high place in the councils of the realm, offered a donation of 50*l.* to a well-known dispensary, on condition of his being allowed, during the term of his natural life, to send the servants of his princely establishment for advice and medicine whenever any of

them should require it.* The reader naturally wishes to know what reception the Committee is said to have given to this tempting bargain; but let him first bestow a few moments' thought on the important question it opens up. I confess that early associations, certain primitive ideas instilled into my mind from very childhood, and the customs of those among whom I was reared, all combined to impress me with very old-fashioned views of the sacredness of the relation between master and servant. It was my delight to hear of servants growing up almost from childhood in the bosom of families of which they reckoned themselves, and were reckoned, members, and in which they remained till their heads were "silvered over with the frost of age." And if the great destroyer suddenly broke up, or by slow decay extinguished, the households of which they were component parts, it was pleasant to see them taken into the employ of other members of the same family, and cared for, when bowed down with the weight of years, by those around whom their life-long associations were entwined. Now I do not assert that either the feeling or the practice to which I allude is wholly extinct—for I know that in many quarters they both exist, and are in full operation. But no one, I apprehend, will deny that they are yearly becoming more and more rare, and that in very many quarters the relation between

* Another rumour affirms that this privilege was claimed in virtue of a life-subscription of *ten guineas*. I adopt the more charitable version.

master and servant has become one of mutual convenience. *Each seeks to serve himself of the other, for his own, and not for the other's, benefit.* The very idea of an established relation is lost sight of, where, on either side, a freak, a whim, an explosion of temper, or fancied self-interest, may terminate it at any moment. The servant is in a twofold sense a *tenant-at-will*—at his employer's will, and at his own; and as his place is thus doubly insecure, he seeks (like all of that class of tenants) to obtain from it the largest possible return for the smallest possible outlay. The only relation that can be said to subsist between those heads of families, who think it beneath them to occupy their thoughts about what is going on below stairs, and their servants, is that of so much menial labour exacted, and grudgingly given, for a stipulated equivalent, which is relinquished so soon as a larger one can be had for still lighter service. In such a state of things, of course, *moral obligation* ceases to be thought of, and *legal obligation* becomes, on either side, the standard of right and wrong. Now, the verdict found upon the alleged offer of the Noble Marquis will vary greatly, according as the jury is composed of those who take the moral, or of those who take the legal view of the question. If of the former, they will denounce it as *mean*; if of the latter, they will praise it as *generous*. What said the Committee of the dispensary? They are said to have rejected the proposal, on the ground that the institution, of which they were the guardians, was not intended for the relief of noblemen's servants.

I might adduce various considerations in vindication

of this decision. I might show that the moral obligation lying on masters, to promote the physical, as well as the moral health of their immediate dependants, is one of which, however they may neglect it, they cannot shake themselves free; and that, sanctioned alike by the principles, the precepts, and the recorded examples of Holy Writ, it is still largely recognised in all professedly Christian communities. Or I might show that the servants in large establishments should either have such wages as will enable them to pay for advice themselves, or be provided with such advice by their employers, who, if they excuse themselves from adopting either alternative, by referring to the size of their establishments, ought rather to abate somewhat of their pomp and circumstance, than to set at nought the maxim, "Owe no man anything." Or, yet, again, I might point out how cheap is that generosity towards a sick servant, which would supply him with attendance and medicines at the nominal rate of two shillings a-month; and how peculiar that sympathy for the sick poor, which cannot find relief to its yearnings, without exacting the aforesaid equivalent!

But I greatly prefer exhibiting by contrast the nature of the alleged proposal, on which I dwell thus at length, because it brings out in a clear and striking light several of the worst features of the present system of dispensary management. Many, we suspect, would be disposed to think the offer of 50*l.*, even with the condition attached to it, an extremely liberal one, and would, in return for a donation half as large, reckon themselves fairly entitled to summon to their servants'

sick room, at any hour of the day or night, the unpaid physician or surgeon of the dispensary, which they are said, by a figure of speech, to "patronize." Has it, we ask, ever occurred to those, who, out of yearly incomes of thousands sterling, bestow one annual guinea on a dispensary, to estimate the contributions of the medical officers, whom they look upon as their servants' servants? To begin with the annual guinea, let them bear in mind that the medical officer is generally a Governor like themselves,* that he has exerted himself, more or less successfully, to obtain additional subscribers among his friends; and, that, besides the carriage-hires entailed upon him by his dispensary duties, (but for which he is allowed no equivalent,) and the shillings and half-crowns extorted by pity for his starving patients from his already over-taxed pocket—he makes in time and toil a WEEKLY contribution of certainly not less than a couple of guineas to the public health. In other words, each medical officer contributes *annually* to the funds of his dispensary a sum at least twice as large as the proffered *donation*—which many will call munificent—of the Noble Marquis. But this estimate does not include those items of which money value is no adequate exponent,—the

* I have purposely withheld my subscription for the last two years, and find that, without it, five years' service is not considered of value sufficient to entitle me to recommend even the most urgent case—in other words, is not, in money value, reckoned worth a couple of shillings! One such fact as this proves to demonstration how completely the claims of the medical officers are ignored.

frequent exhaustion of body, depression of spirits, and utter unfitness for intellectual exertion after the day's work is done ; the weeks, and sometimes months, of broken health and dyspeptic languor ; the continual risk of life in his attempts to combat the great enemy in his dreariest fastnesses and most malignant aspects ; the sudden summons which, in these haunts of death, he may receive at any moment, from a career of promise scarce begun, to the bar of the Eternal Judge. Surely, if any man can be said to have made good his title to a standing supply of medicines for his household, it is the dispensary medical officer. Yet *he* would scorn to avail himself, for such a purpose, of the public charity to which he contributes so largely. If, then, his wealthy and titled neighbours, who have all their lives been dandled in the lap of luxury, or those on whose honest exertions a kind and liberal Providence has smiled so sweetly, that in present affluence they have almost forgotten former want and toil, do, from motives of economy, stoop to, and resolutely insist on that, in consenting to which he would feel himself to have lost caste, why should not they be reckoned the pariahs of the philanthropic commonwealth ?

But it were most unjust to include under one sweeping and indiscriminate anathema even all those who make this objectionable use of medical charities, much more the whole body of subscribers. Many there are who give their donations without the most distant thought of making a gain of charity. And

many others there are who would never have thought of stipulating for any equivalent in return for their cheerful benefactions, but who, when it comes to them unsought, very naturally conclude that it cannot be wrong in them to accept any advantageous offer spontaneously made by the Managing Committee. And we have already disposed of those who, taking their stand on *legal* ground, yet wishing to be generous at a cheap rate to the members of their households, will not subscribe unless they receive a *quid pro quo*. Of these three classes, therefore, we say no more. But are there none who, feeling the *moral* obligation they are under to "provide for their own, and especially for those of their own house," wish to discharge it at as easy a rate as possible, and to whom the offer of advice and medicines for their servants operates as a *bribe to benevolence*,—a bribe which has had a principal share in the production of the annual guinea, or the more economical life-subscription? Are there none whose benevolence may be charitably supposed to reason on this wise, "With two, or three, or four servants in the household, the chances are that there may be at least an equal number of attacks of sickness. This would cost, for attendance and drugs, from five to ten guineas. *Therefore*, I shall be benevolent towards the sick poor to the extent of one half annual guinea, that I may be benevolent towards my own pocket to the extent of from four to nine annual guineas."

Many, I doubt not, would be startled and blush

crimson at seeing their deeds of charity translated into such plain and unseemly English as this. And I purposely "use plainness of speech," that I may stir up thoughtful and earnest minds to inquire whether we are not unconsciously accustoming ourselves to confound domestic duty with public charity, and deluding ourselves with the idea that we are satisfying the claims of both, while our so-called alms-deeds only serve to conceal from ourselves the havoc, that the canker *selfishness* is silently working on our kindlier and more Christ-like sympathies. I especially desire to concentrate attention on the practice of systematically holding out a *bribe* (for such it is, disguise it by what other name we may) to draw forth the subscriptions of the wealthy—a practice, the very existence of which proves, that love for the sick poor is not of itself strong enough to secure an adequate support to our medical charities. It is one of those shifts, now-a-days so common, for beguiling or enticing, or, may we not say, cheating people into the commission of charitable acts, from which, if presented in their naked unattractiveness, they would be apt instinctively to recoil. It must take its place in the weary round of dinners, balls, and fancy-fairs, *miscalled* charitable, and so well fitted, if the task were not so hopeless, to bring down the high looks of our boastful but hollow-hearted philanthropy. If this charge be deemed offensive, there is a simple, and, if our love for the poor be so disinterested, a natural way of escaping from

it. Let the privilege be put an end to for all future subscribers; and if any of the *life*-governors say with Shylock,—

“I’ll have my bond; I will not hear thee speak;

I’ll have my bond; and therefore speak no more,”—

the most unfriendly wish I could allow myself to breathe for him would be, that he may exact the uttermost farthing. By such a measure some annual guineas might be lost, but it is more than likely, that the adoption of a bold and comprehensive plan of medical relief for the labouring classes would induce many others to double or treble their subscriptions, instead of withdrawing them.*

But I am far from laying the whole blame of this crying evil on the calculating benevolence of the day. One reason why some dispensaries are indifferently supported, inevitably leads to practical conclusions of a very important kind. I refer to the undue multiplication of dispensaries in certain quarters, while others are left totally unprovided. I do not pretend to unlock, by one “*talisman*,” all the mysteries connected with the location of dispensaries; but some of them may certainly be accounted for by bearing in mind that they were originally private speculations, projected and set on foot by individuals,

* The foregoing remarks are not applicable, without important modifications, to the indoor department of hospitals, which must often be the refuge of servants laid aside by tedious and contagious diseases, but are largely so to the outdoor department, which is, in fact, a dispensary.

chiefly with the view of introducing themselves to influential friends, and without any particular reference to the convenience of the public. And I believe that the originator of a dispensary is usually a gainer by it. Of all his successors, however, the resident officer alone is benefited, while the claims of the physicians and surgeons to any remuneration are systematically ignored. Hence the strange anomaly of two dispensaries within gunshot of each other, each with a salaried resident, and expensive house-rents, rates, and taxes, while eight or twelve physicians and surgeons, the real guardians of the interests of the patients, and of the fair name of the rival establishments, are expected to add to the *prestige* of the latter by toiling on the live-long year, in a state of honourable and philanthropic serfdom, with the prospect, to use a phrase more pithy than refined, of "getting more kicks than halfpence" for their pains.

A few words on a point, regarding which much misapprehension prevails. The public imagine that this professional slavery is indirectly a source of emolument to those engaged in it, and is an excellent introduction to private practice. On the other hand, nineteen out of every twenty of those who ply this laborious calling will tell you that they were never benefited, directly or indirectly, by their connexion with a dispensary, to the extent of a single guinea. The public is pleased to think that it should be—its medical slave is often puzzled to know why it is not

—a profitable speculation. Now I have long since arrived at an unhesitating conclusion on this subject, with the help, not of Scotch metaphysics, but of something very like English common sense. John Bull, if a poor hand at splitting hairs, has no rival at a sum in simple addition, or a question of profit and loss. In the present instance, accordingly, he takes, as the basis of all his calculations, the profound mercantile axiom, “No profit, no risk.” But these fellows, he argues, offer to do the work for nothing; therefore they must be in *receipt*, or in *prospect* of some substantial equivalent that makes it worth their while; or else my fundamental axiom is a lie, Lombard-street a castle in the air, and my experience of life a waking dream—which is absurd.

So much for the judgment of the public; now let us read the medical officer’s riddle. Does he not see that to the *paying* public there is all the difference in the world between RECEIPT and PROSPECT? Does he think a rich citizen or nobleman* will risk his precious life—precious in exact proportion to the realized capital it represents—in the hands of a man who has only certificates of high ability, excellent prospects, and a character for unremitting attention to his poor patients? The prospects are nothing to the moneyed public, till they are realized, and as *it* looks upon pro-

* Let not the reader condemn my strictures as too sweeping, or think I have forgotten that there are many exceptions to this rule. Of course there are; but for every ten who defy, a thousand bow to its authority.

fessional zeal and unpaid humanity to the sick poor as mere stock in trade, the simple fact of unflagging perseverance in such unproductive labour is, in its eyes, the most conclusive of all proofs that the dispensary medical officer HAS NOT YET REALIZED. And until that momentous change has taken place, Shakespeare's immortal maxim, slightly altered for the times, proclaims his doom :—

“The man that hath no *money* in his *purse*,
Is fit for treasons, stratagems, and spoils ;
Let no such man be trusted.”—

But suppose he resigns, and it turns out on inquiry that his time is now *too valuable to WASTE* (that is the word) *upon the poor*,—ah! then the case is altered. For the first time, the moneyed public feels a degree of positive respect for him—having “tried his 'prentice hand” on the sick poor, (very properly, as their lives are of small value in the money market,) he now, like a man of sense, estimates them at what they are worth—in short, being now marked with “the guinea stamp,” he is reckoned qualified to handle the awful and sacred persons of fundholders and *millionaires*. Viewed in this light, there is no mystery in the matter. Where money value is the ultimate standard of all excellence, physical, intellectual, and moral, small marvel if the worth of the physician's or surgeon's services be rated at *nil*—when he himself puts that value upon them. But let it not be forgotten, that the moneyed public reckon the “'prentice hand” *good enough for the poor*.

Now it cannot, I apprehend, be denied, that the authors of the mischief were medical men. Not more, if I mistake not, than seventeen years ago, when the poor's-rates threatened to engulf the entire rental of many parishes, some of the younger members of the profession, heedless of the remonstrances of their seniors, did, under the influence of a very questionable philanthropy, but with unquestionable indiscretion, volunteer their services to—I forget which—public bodies. But that is no reason why their successors, who are eating the bitter fruits of their mistaken generosity, should continue, out of deference to them, to wear a yoke they have long felt to be galling and oppressive. Not that they are unwilling to contribute their own, or even more than their own share to the general treasury for the relief of sickness among the poor—or that they lay claim to anything like the full market-price of their professional services—but that they will insist on *some* pecuniary acknowledgment, and will, like their fellows in the Navy and the Poor-law Unions, unitedly and peremptorily demand that the present system, which places Governors, medical men, and patients—all of them—in a position that is alike hurtful to themselves, to each other, and to the commonwealth, be speedily brought to an end. This, if I mistake not, is the feeling and firm resolve of my professional brethren. If they think I do them wrong, I trust they will act on the Bible maxim, “Open rebuke is better than secret love.”

Before concluding, let me guard against cavil or

misunderstanding, by drawing a broad line of distinction between the *facts* and the *opinions* set forth in the foregoing pages. The facts which call for immediate deliberation, and the adoption of practical remedies, are,—

1. That we have no sort of guarantee that the medicines ordered are not wantonly wasted.

2. That many who could (and, if an opportunity were afforded, *would*) pay something for advice and medicines, have no alternative between going without both, if they have an unconquerable aversion to being the receivers of public charity, and accepting of both gratuitously.

3. That classes of persons, for whose benefit dispensaries were never intended, such as the domestic servants of wealthy families, tradespeople of some substance, and the poor relatives of persons well off in the world, are to a large extent pensioners on the funds of these charities.

4. That these funds are further needlessly wasted, in keeping up, at a large expense, separate establishments, where one would suffice.

5. That the burden of relieving the sick poor is at present most unequally distributed; at least nine-tenths of it being laid on the shoulders of the *unpaid* medical officers.

That no one may suspect me of unduly “magnifying my office,” let me suppose that each medical officer of the London dispensaries sees, on an average,

at the Institution, or at their own homes, *fifty* patients every week all the year round. A number this which is sometimes greatly exceeded. In times of general sickness, as during an epidemic of bilious catarrh, influenza, measles, or scarlatina, I have myself seen as many as forty-five patients at the dispensary, besides ten, fifteen, and even eighteen, at their homes, in a single day. Fifty weekly patients give a yearly average of 2,600. Rate his services at no higher value than one shilling a head, and you declare each medical officer entitled to 130% of annual salary. I leave to others more deeply skilled than I am in statistical research, the task of calculating what proportion (if any) subsists between such a yearly gift as this, from a young physician or surgeon, and the amount of self-sacrifice it feebly represents—and one donation of ten or twenty guineas, or an annual subscription of a guinea or two, from persons with realized capitals, varying from tens to hundreds of thousands, and even millions sterling? To speak plainly, I cannot permit myself to doubt that the inhabitants of this parish of St. George's, Hanover-square, and of the squares and streets in the neighbourhood of the dispensary to which I am attached,* were they fully alive to the importance of these institutions, could, without the smallest effort, and without curtailing a single luxury, contribute a thousand for every hundred pounds of annual revenue

* In Burton Crescent.

that is now offered to the cause of medical charity. Nor can I suppose that any one, after full inquiry into the facts of the case, would object to apply the principle acted on in reference to ALL other callings, that the medical labourer is worthy of at least some portion of his hire, after receiving *half* of which, he would still have so long a start of all competitors that, should they seek to rival or outstrip him, we might expect to witness the novel and edifying spectacle of the toil-worn Treasurer remonstrating with them on their excess of liberality. May this radiant vision soon be realized!

The above-mentioned *facts* are complete in themselves. They may derive additional weight and urgency from the inductive proof of the *opinions* I have expressed, but they cannot be shaken, even by the entire overthrow of the latter. These opinions, or inferences, (for they are founded on a certain amount of ascertained fact, and prompt further inquiry,) are—

1. That dispensary letters, advice, and medicines, are often obtained chiefly, if not entirely, with the view of procuring that charitable aid which sickness so readily draws forth; and,

2. That dispensaries, as now conducted, act as feeders to the poor's-rates. All that can at present be positively affirmed on this head is, that the *tendency* of the system now in force is to *break down*, instead of *drawing out*, the self-supporting energies of the industrious classes, and this should of itself be sufficient

to vindicate the importance of the subject in the eyes of economists and statesmen. The duty of supporting the deserving and unavoidably poor is one thing, the propriety of making easy the descent from independence to pauperism is quite another. Inconsiderate philanthropy has hitherto constructed far too many inclined planes between these two standing points, as if anxiously bent on alluring downwards the steps of self-relying industry to that dreary terminus, from which (if the "*vestigia nulla retrorsum*" be not strictly true) few indeed ever struggle upwards to regain the higher level. It is because I consider the dispensary, on its present footing, one of those easy roads to the workhouse, that I earnestly desire to concentrate on this topic of economical research, the attention of those who are qualified to cast light upon it. It would also be deeply interesting to know how many medical men the present system helps to throw, bankrupt in health and hopes, as well as finances, upon the public bounty.

As the first step towards improvement in this important matter must be a conference of all those who are connected with dispensaries as medical officers, it would be wrong in one so little known as the writer of these pages, to propound the details of a system that will likely, ere long, embrace in its working all the dispensaries of the metropolis. It seems to me at once more useful and more becoming merely to notice the general objects (encompassed, as

they are, with difficulties by no means trifling) to be aimed at in any attempt at the reform of our medical charities. Especial care must be taken—

1. That no really destitute person be debarred or deterred, by any regulations that may finally be agreed upon, from applying for gratuitous relief.

2. That in attempting to place a check on the wanton or thoughtless waste of medicines, and the pauperizing tendency of the present system, by exacting a small weekly payment from those who are placed above actual want, those only be allowed this privilege who cannot afford to pay for private attendance. To draw to the dispensary the multitudes of the working classes who now pay their sixpences and shillings to the ignorant chemist for a hap-hazard prescription, were a mighty boon to them, and an infringement of no man's legitimate rights. But to lure away those who can pay their half-crowns to the intelligent and well-educated practitioner, were a grievous wrong to him, and a perpetuation, in another shape, of the evil it is sought to cure.

3. Judicious means must be employed, on the one hand, to create (as the best preventive check of abuses) a public opinion among the working classes in favour of the principles just laid down; and, on the other hand, to stimulate the liberality and secure the co-operation of the wealthy.

I have never been able to see why the circle of contributors to our medical charities should not be immensely widened, by inviting all to contribute

according to their means;—the small tradesman his half-crown or five shillings; the wealthy capitalist his five, ten, or twenty annual guineas. Does any one stand aghast at the mere mention of such formidable subscriptions? I merely ask such a one, by what law, human or divine, should persons with the most dissimilar incomes be put upon the same uniform level? If one of your tradesmen in yonder street, with an income of three or four hundred a-year, cheerfully gives his annual guinea, why should you, with your splendid mansion in the neighbouring square, and your thirty, fifty, or a hundred thousand of annual income, give just the same annual guinea? Why does not his liberality shame you into deeds of more noble generosity? An ample fund might thus be provided for the supply of certain health-giving remedies, of which the medical attendant well knows the value, but for want of which, dispensary practice is too often a solemn mockery. Of these I might instance several, but I content myself with directing special attention to the facilities it would afford for sending to the country, or the coast, such patients (and their name is Legion) as are pining away, for want, not of drugs and elegant prescriptions, but of Nature's balmy breath, which never fans the fevered cheeks, or braces the withered frames, of the myriads who yearly sink unnoticed, from their dark and plague-haunted dwellings, into an "ever-yawning and never-satisfied grave."