

**On charitable and provident medical relief : a letter to Alderman Kenrick,
Mayor of Birmingham / from Sampson Gamgee.**

Contributors

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ON CHARITABLE AND PROVIDENT
MEDICAL RELIEF.

A Letter

TO

ALDERMAN KENRICK,

MAYOR OF BIRMINGHAM,

FROM

SAMPSON GAMGEE, F.R.S.E.,

SURGEON TO THE QUEEN'S HOSPITAL;

PRESIDENT OF THE MIDLAND COUNTIES BRANCH OF THE BRITISH
MEDICAL ASSOCIATION;

PRESIDENT OF THE JOINT MEDICAL COMMITTEE ON
PROVIDENT DISPENSARIES.



BIRMINGHAM:

PRINTED BY JOSIAH ALLEN, 74, SUFFOLK STREET.

MDCCCLXXXVIII.

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"There are two kinds of charity . . . one beneficent, the other injurious the former raises its objects, develops their resources, trains them to habits of self-help, and calls forth in them a spirit of independence; but blind, foolish, and injurious charity, even while temporarily benefiting its recipients, permanently degrades them . . . it discourages thrift and prudence; it generates and fosters that spirit of dependence which is the chief cause of pauperism in this country."—*Westminster Review*, 1874, vol. xlv, p. 175.

"Under present circumstances the administration of charity requires, as Sir Sir Arthur Helps has said, the sternest labour and the most anxious thought. It must not be forgotten that there is a limit to the liberality of the most liberal profession in the world . . . As now constituted, the Hospital not only does the work which belongs to the Parochial Authorities, but usurps and intercepts much of that which rightly appertains to an expensively educated professional class."—*The Quarterly Review*, October, 1876.

ON CHARITABLE AND PROVIDENT MEDICAL RELIEF
IN BIRMINGHAM.

TO ALDERMAN KENRICK, MAYOR.

Dear Sir,

The position of the Medical Profession of the Town and District, in relation to the Provident Dispensary question, is so imperfectly understood, by many who take a deep interest in its solution, as to require explanation.

After the Address on our Medical Charities, which I had the honour to deliver at the Annual Meeting of this Branch of the British Medical Association, in June, 1877, the following resolution was carried:

“That in the opinion of this meeting, the introduction of the Provident Dispensary system offers the best means of checking the excessive increase in the amount of gratuitous medical advice dispensed by our local charities, and that the Council of the Branch be requested to take steps for promoting the formation of Provident Dispensaries in the town.”

Notices of a meeting of our Council had been issued to consider the matter, when your predecessor, in compliance with a requisition, convened a meeting in the Committee Room of the Town Hall, on the subject of Provident Dispensaries.

We at once tendered co-operation ; but the Committee, which was appointed at the Town Hall Meeting, proceeded to draw up a scheme for the organization of Provident Dispensaries, before consulting the representatives of the local Medical Institutions. The Medical press disapproved that scheme, and it was deemed impracticable by the great majority of the members of the profession who had an opportunity of examining it.

It would be tedious and unprofitable to recall the discussion which ensued. It will for the present be sufficient to acknowledge, which I do with unmixed pleasure, that your Worship's courteous and friendly offices placed all parties in the discussion under very great obligation. Your intervention powerfully contributed to bring about an amicable conference, between an equal number of representatives of the Town Hall Committee, and of the Medical Committee on Provident Dispensaries which was jointly appointed by the Birmingham and Midland Counties Branch of the British Medical Association and by the Midland Medical Society.

Our representatives were authorised "to exercise their discretion in dealing with facts or proposals submitted to them in conference," with one important reservation ; they were expressly enjoined "to use their utmost endeavours to obtain the co-operation of the governing bodies of the Hospitals and Dispensaries." Unless such co-operation was afforded at the outset, it was considered "that the establishment of Provident Dispensaries would only be adding another means of detracting from the earnings of the profession."

This preliminary stipulation for the co-operation of the Medical Charities was the chief subject of discussion at the first Conference Meeting ; and it was deemed of so much importance, that our representatives reported and sought further instructions. A special meeting of our Committee resulted in the following resolutions being carried :

“That it be an instruction to the Conference Sub-Committee, to defer the consideration of rules for the organization and management of Provident Dispensaries, until after the governing bodies of each of the Medical Charities shall have signified their willingness to co-operate, in an endeavour to check their abuses while securing relief for all really deserving persons.”

“That a copy of the foregoing resolution be forwarded to His Worship the Mayor, as Chairman of the Conference on Provident Dispensaries, with an expression of the very sincere desire of this Committee to arrive at a conclusion which shall offer reasonable prospects of successful working, and be just to the artisan population and to the medical profession. This Committee regret if their request for the preliminary assent of the Medical Charities be a cause of delay, but such co-operation at the outset is deemed essential. All available experience proves that Medical Charities, as now generally administered, do not conduce to the success of Provident Dispensaries; and that those Hospitals are directly opposed to them in which payments are received, as so called registration fees, from applicants for relief.”

In substance the local representatives of the Medical Profession say: The fact that in a thriving and wealth producing community like this, one person in 3·5 of the population receives gratuitous medical relief, affords strong presumptive evidence that many persons seek and obtain such relief who have no right to it. As now generally administered, Medical Charities pauperize large masses of the population, and are in the same proportion antagonistic to Provident Dispensaries. So long as persons can obtain relief at hospitals by merely asking for it, or by paying from sixpence to half-a-crown a month, after a merely nominal enquiry into their circumstances, they have a strong inducement not to pay continuously during health to make provision against sickness. Many believe that the establishment of Provident

Dispensaries will tend to lessen existing evils, but the profession hold that a too hasty and too wide application of the Provident Dispensary system in its crude form, or alloyed with the evils which have crept into it, would only lead all parties into fresh difficulties, as experience proves it has done elsewhere.* As an Association our aims are professional advancement and the public good. We coerce no one. We know that experiment is a sure method of testing truth and fallacy, but, as a profession, we must decline to take part in any experimental movement until after thorough enquiry and the fullest consideration of all the interests involved. The first question to be considered is how to secure relief for worthy persons, how to separate those deserving charity from those who are able to contribute to Provident Institutions. This is a matter on which the managers of our local charities possess large experience, which it is important to utilize for the general good. Medical practitioners, who know the abuses of Medical Charity and the social circumstances and sanitary wants of the people, have much information to contribute, and it is not reasonable to suppose that the working classes will assent to any innovations affecting some of their most cherished interests, unless they have a hearing with perfect frankness.

Thus viewed, the systems of charitable and provident medical relief are parts of one whole; and, as such, call for comprehensive consideration by all the parties interested.

It is important to bear in mind that provident sick societies exist amongst us to a very large extent; and that the local Medical Charities have imperceptibly, but very

* The experience at Manchester has been very significant. Provident Dispensaries having been started there under very influential auspices, the number of members fell from 16,000 in 1875 to 11,373 in 1877. The loss involved in working the Dispensaries was in 1876 £1,235, and in 1877 £700.—*Vide report in Manchester Guardian, March 1st, 1878.*

steadily, undergone a change towards the adoption of provident principles.

From a return before me, which was prepared last year for our Committee by Mr. William Gilliver, I gather, that twenty-three of the principal local sick societies have collectively 32,237 members; they pay annually £4,895 to their medical officers, and £26,304 to their members for sickness and funerals. The sum of £213,193 is the capital value of these societies, which are only a part, though a considerable one, of similar organizations. There are additionally a large number of provident sick clubs connected with places of worship, schools, manufactories, and workshops; and the great bulk of trades unions give sick and funeral relief. Such organizations bear striking testimony to the force of provident instincts, but it is generally agreed, by those most competent to judge, that the time has come for revising the rules of sick societies. Their payments to medical officers are quite inadequate, having mostly been fixed at a time when wages were at least 25 per cent. lower than they now are. The expenses of management are heavy, and schemes of consolidation have been for some time under discussion.

Working men support our hospitals with growing liberality. So lately as 1846 they contributed nothing to the General Hospital. In 1857 they paid to it £133.14s. 1d.; in 1867, £325. 5s. 3d.; and in 1877, £1,337. 6s. 10d.

The Working Men's Fund for the Extension of the Queen's Hospital, which resulted in the establishment of Hospital Saturday, gave the greatest impetus to the co-operation of the working classes in the support of our medical institutions. The former fund was started in 1868, and resulted in working men's payments for the Queen's Hospital extension, to the amount of £4,057. 16s. Hospital Saturday was established in 1873, and the gross result of the six

collections has been £22,632.13s.9d. Mr. G. F. Muntz gave a cheque of £500 to defray the first year's expenses, and after deducting the working expenses of subsequent years the Hospital Saturday Committee have divided amongst our Medical Charities a total of £21,200, of which the General Hospital has received £7,664.2s.9d.

The adjoining table will give an idea of the progress working men have made towards hospital support in ten years, starting from 1867, the year preceding the inauguration of the Working Men's Fund for the Queen's Hospital Extension.

WORKING MEN'S CONTRIBUTIONS TO BIRMINGHAM MEDICAL CHARITIES.

1867.

<i>General Hospital</i> —Annual Subscriptions	£. 325	s. 5	d. 3
<i>Queen's Hospital</i> —Ditto	117	6	6
<i>General Dispensary</i> —Ditto	60	18	0
<i>Children's Hospital</i> —Ditto	3	3	0
<i>Women's Hospital</i> —Ditto	0	0	0
<i>Eye Hospital</i> —Ditto	0	0	0
<i>Homeopathic Hospital</i> —Ditto	0	0	0
<i>Lying-in Charity</i> —Ditto	0	0	0
<i>Orthopaedic Hospital</i> —Ditto	0	0	0
<i>Ear and Throat Infirmary</i> —Ditto	0	0	0
<i>Dental Hospital</i> —Ditto	0	0	0
	£506 12 9		

1876.

Annual Subscriptions	£. 319	s. 1	d. 7
Hospital Saturday	1,169	10	1
Annual Subscriptions	118	6	0
Hospital Saturday	939	11	9
Registration Fees	497	17	0
Annual Subscriptions	304	10	0
Hospital Saturday	366	10	9
Annual Subscriptions	9	9	0
Hospital Saturday	245	0	3
Registration Fees	373	9	0
Hospital Saturday	85	9	5
Registration Fees	195	3	0
Annual Subscriptions	50	8	0
Hospital Saturday	202	5	0
Hospital Saturday	123	6	1
Hospital Saturday	53	10	10
Annual Subscriptions	4	16	10
Hospital Saturday	43	9	4
Annual Subscriptions	2	12	6
Hospital Saturday	14	13	4
Hospital Saturday	6	14	7
	£5,195 1 4		

Working Men's Contributions to Birmingham Medical Charities in 1876	£. 5,195	s. 1	d. 4
Ditto	506	12	9
ditto	4,688	8	7
Increase			

These figures prove two things : firstly, that our Medical Charities are deriving a *steadily increasing* measure of support from the working classes ; secondly, that these are able and willing to render it.

The expression *steadily increasing* must be qualified, for Hospital Saturday has gradually fallen off, from £4,705. 11s. 3d. the first year of the collection (1873), to £3,134. 5s. 0d. in the present year. Yet the total of working men's contributions to our Medical Charities goes on increasing every year ; their subscriptions to the General Hospital, the Eye Hospital, and the General Dispensary, have considerably augmented, while those institutions which require the payment of registration fees have derived an increasing revenue under this head.

Many working men now pay to two sick societies, contribute to Hospitals as annual subscribers for tickets, pay to Hospital Saturday, and, in three of the charities, have to pay registration fees if they seek relief. What are the chances of their *additionally* supporting a system of Provident Dispensaries ?

I have incidentally referred to the projected consolidation of sick societies, and it becomes a question whether some such measure might not benefit our Medical Charities.

As matters are at present the waste in administrative expenses cannot fail to be considerable. While in one charity salaries and wages amount to £14 per bed annually, they are no less than £21 per bed in another institution doing the same kind of work. In the former, wealth accumulates so rapidly that the question is how to employ it ; in the latter, the Medical Board report, that "the pressure on the reduced number of beds has been very great. The resources at the disposal of the staff having often proved inadequate to the demands made upon them."

I glean the following facts from the last issued Report

of the General Hospital, a document to which I cannot refer without expressing admiration for its completeness and arrangement. The income of the Hospital from investments was *nil* for the first ten years. In 1801 it reached £103. 3s. 4d.; but, excepting the years 1847 and 1848, it was not until 1853 that the income of the General Hospital from investments reached four figures. It took eighty years for the annual product from investments to reach one thousand pounds; but in the twenty-five years which have since elapsed, that source of income has more than trebled, for it was £3,304. 0s. 10d. in 1877. In spite of extensive improvements, the surplus appears to have accumulated more rapidly than it could be permanently invested with advantage; for on the 31st December last the General Hospital had at its bankers and in hand £12,857. 4s. 8d., with the proceeds of last October's Hospital Sunday (£5,280. 15s. 3d.) still to be paid in.

Dividing the last fifty years into decennial periods, the increase of wealth of the General Hospital may be thus expressed. The average annual proceeds from investments were—

From 1827 to 1836	. £490.
„ 1837 to 1846	. 580.
„ 1847 to 1856	. 1,000.
„ 1857 to 1866	. 1,600.
„ 1867 to 1876	. 2,500.

What self-supporting dispensary can live against the attractive competition of such a wealthy and practically free institution? Taking on the other hand a poor hospital which derives one-sixth of its gross income from the working classes, under the three heads of annual subscriptions, Hospital Saturday, and registration fees, what will be the effect upon it if these sources of income fall off, as they very probably will do, if any

considerable share of working men's contributions is to be diverted into the channel of provident dispensaries?

All these facts and considerations point to the necessity of dealing comprehensively with the whole subject of charitable and provident medical relief, in the general interest of the community. If it be true, as was recently stated in the Town Council in a speech equally remarkable for the boldness of its conception and for the moderation of its tone, that material town improvements cannot be effected piecemeal, but must be carried out on a plan determined after comprehensive survey, the necessity is no less cogent for broadly examining great and complicated questions of social reform, involving interests often quite as conflicting as those of conterminous landlords.

It is the broad survey and thorough examination of the inseparable questions of charitable and provident medical relief, that the medical profession considers indispensable in the general interest of the community, and especially of the labouring population.

If an additional argument in favour of such comprehensive inquiry be needed, it may be derived from an examination of the Infirmary at the Birmingham Workhouse,—an institution professedly based on national provident principles. There eleven hundred sick paupers are under the charge of two medical officers. Admitting to the fullest the ability and zeal of these gentlemen, conceding that several hundreds of the inmates of the Workhouse Infirmary are imbecile and aged persons who only require nursing, there remains a much larger number of cases than two surgeons can possibly do justice to, as we understand it in private and hospital practice.

The Board of Guardians have this important matter under consideration, but it is doubtful if the evil can be remedied, by any measure short of removing the Infirmary from the Workhouse, and re-organizing it on the basis of what it really is,—a great public hospital.

The Health Committee of the Town are labouring indefatigably, and have sought and obtained the assistance of the medical profession, in carrying out improvements for the benefit of the public health. It has imperceptibly come to pass that the Borough possesses a hospital for infectious cases supported by the rates. Possibly the time is not very far distant when on some such principle as that governing the permissive legislation for free libraries, the community may be allowed to rate itself for sanitary purposes, in a more comprehensive manner than is now practicable. There can be no doubt that our sanitary rules and practices require codification and assimilation, and that simplicity, efficiency, and economy would result therefrom for the good of the whole community. But pending enquiry by the Imperial Legislature, there seems no sufficient reason why the local authorities, the managers of our Medical Charities, and of our Sick Societies, should not agree to examine the whole question of Provident and Charitable Medical Relief.

In such an investigation there would be no lack of the friendly advice and co-operation of the great body of the medical practitioners, of whom a Quarterly Reviewer treating this subject has spoken, "as the most liberal profession in the world."

I am quite aware that the project involves so many questions, and touches so many interests, as to present numerous difficulties. I am equally confident that they will not prove insuperable, if approached without prejudice and with a firm resolve to deal justly with them.

In the Annual Address "On Our Medical Charities," which I have already ventured to quote, I advocated a conference between the authorities of all our Medical Charities. So far as the charities are concerned, the idea has been taken up in London, and it has been publicly stated that Sir Sidney Waterlow, as treasurer of St. Bartholomew's Hospital, has

invited to conference the authorities of similar metropolitan institutions. As the wealthiest and most powerful of our local Medical Charities, the Birmingham old Hospital holds a position as exceptionally prominent as does the monastic foundation in Old Smithfield; and it is scarcely possible to exaggerate the good which might result, if the General Hospital Committee thought fit to take a leading part in promoting a conference on this question. There can be no doubt that Hospital never was, absolutely and relatively, in such a high and independent position as it now holds; but the chivalrous maxim, "*noblesse oblige*," applies to institutions as well as persons.

It is full and precise information that is needed before a correct judgment can be formed on any intricate question, and I hope I have submitted some facts and reflections, calculated to assist those who take an interest in the system of medical relief for the masses of the population; but in proportion as I have worked at the subject, I have become more and more convinced that no one individual can hope to do more than contribute his share towards its solution.

Those who, with pardonable enthusiasm, have thought they could provide a speedy and certain remedy for social ills of slow growth and great magnitude, may, on further reflection, concede that this case is one for comprehensive enquiry and cautious action.

The very responsible position in which my professional brethren have been good enough to place me, has made me anxious to acquit myself as I best could to do them justice, though I can only hope to have done so very imperfectly.

In thus publicly addressing your Worship, I beg leave to disavow all intention of adding to the numerous and very

responsible duties, in the discharge of which, for the credit and good of Birmingham, you are already so fully engaged. I frankly avow that I hope, by addressing you, to secure for this subject wider and closer attention than it might otherwise receive.

I am, dear Mr. Mayor,

Very faithfully yours,

SAMPSON GAMGEE, F.R.S.E.,

Surgeon to the Queen's Hospital;
President of the Birmingham and Midland Counties Branch
of the British Medical Association,
and of the Joint Medical Committee on Provident Dispensaries.

22, Broad Street,
24th June, 1878.

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