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**Contributors**

Newman, William, 1833-1903.  
Royal College of Surgeons of England

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Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

# ADDRESS

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BY

WILLIAM NEWMAN

M.D. LOND. F.R.C.S. ENG.

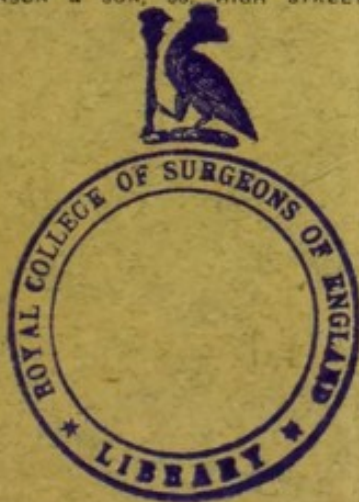
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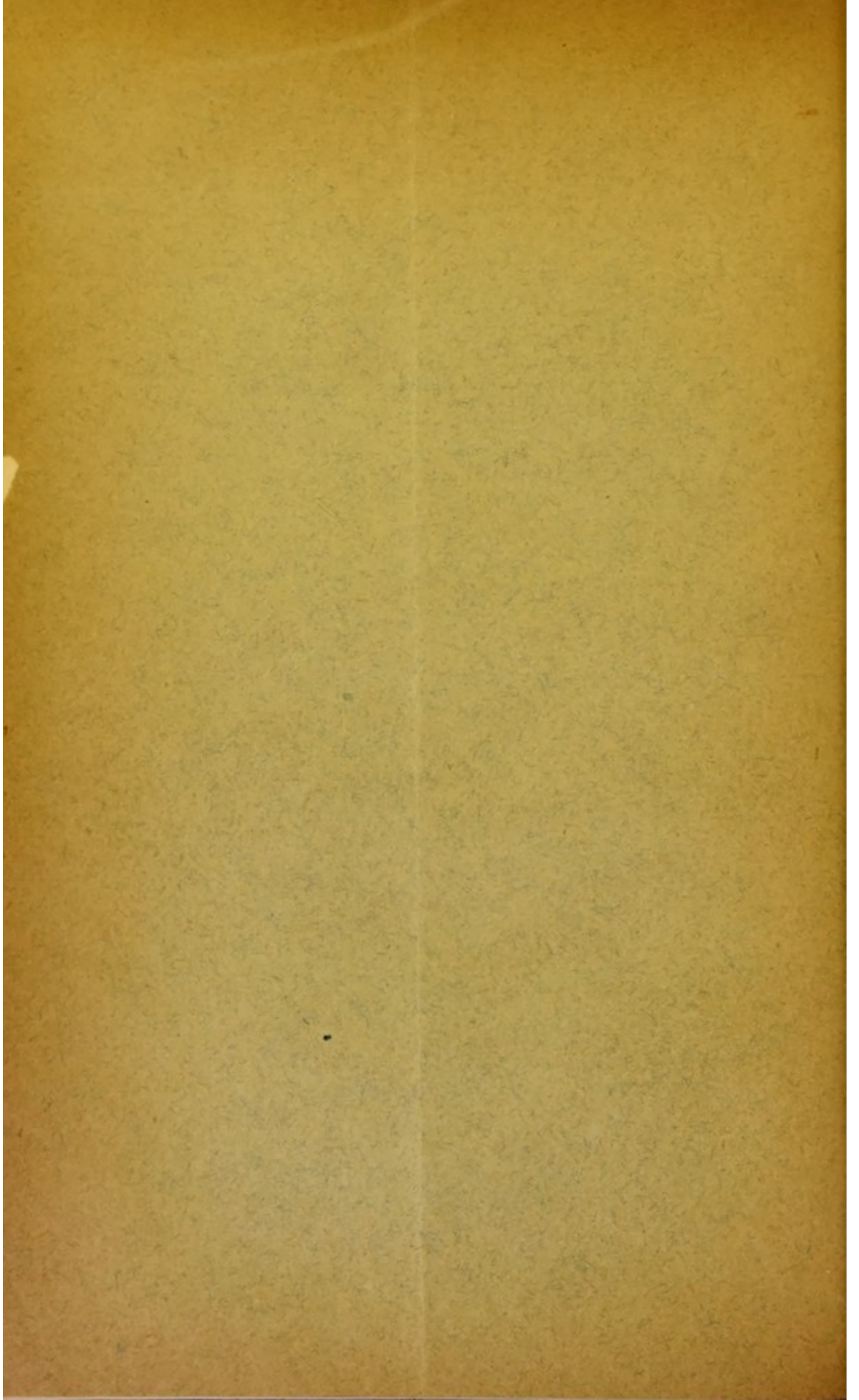
BRITISH MEDICAL ASSOCIATION.

JUNE 17TH, 1886.

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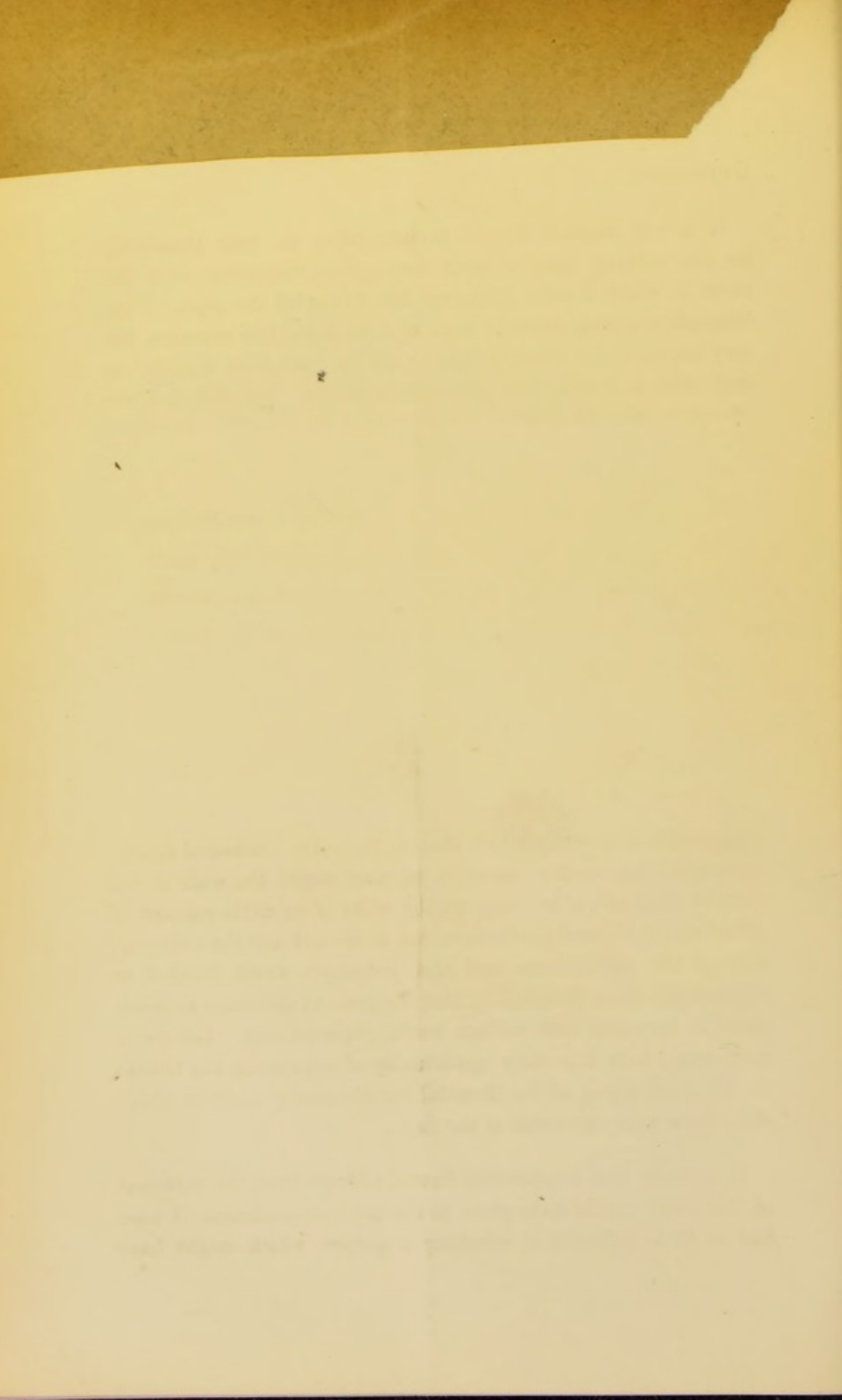




With the Author's  
Kindest regards.

Oct. 1886.

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The Author would esteem it a great favour if any Member of the Profession, into whose hands this Pamphlet may come, would kindly favour him with any details of Local Medical Provident Societies, and that as far as possible on the plan of the table at the end.

STAMFORD,

*August, 1886.*



GENTLEMEN,

It is not possible for me to take office as your President, for the ensuing year, without very serious misgivings as to the mode in which I may discharge the duties of the post. I am succeeding a long series of men who in these four counties, the very centre of our country, have year by year been selected as well fitted to preside over your deliberations: the will and the intention that the dignity and traditions of the office shall not suffer at my hands are abundantly present: it is a far different question as to whether the requisite power and judgment will be found equally at your command.

Believe me that I am far from being insensible to the honour you have done me by your too flattering choice, an honour of all others one to rejoice in, for it is awarded by those most able to judge, the fellow workers of professional life: and while I would fain express, though it be in halting phrase, my earnest thanks, I would in the same breath crave your kindly consideration.

Every fourth year brings us again to Lincoln, and under the shadow of the magnificent fabric which has for so many centuries held proud position among the noble Cathedral fanes: once again too, on this occasion, we meet within the walls of the County Hospital, a building worthy alike of its noble purpose of affording shelter and professional aid to the sick and the suffering, and of the munificence and ripe judgment which decided to replace the older Hospital by this the present structure as much more in harmony with modern health requirements. Let me in your name take this early opportunity of expressing our thanks to the Authorities of the Hospital for the kindly mode in which they have met our needs of the day.

It is usual that a somewhat formal address from the occupant of this chair should have place in the day's proceedings. I have had no little difficulty in selecting a subject which might have



the double charm of interest and perhaps of novelty, and also be possibly of some definite usefulness. From my predecessors you have heard much, well and wisely told, of the general and social aspects of the profession, of matters not unfrequently of local colour and importance, and as at our last meeting, at Leicester, of special surgical details, which will have lived to good purpose, I doubt not, in the memory of many present.

With your sanction I propose to turn our attention for a very brief space to but a small part of the daily relations of our profession with the general public, to leave to others more versed in comprehensive views topics of wider range, and to illustrate by examples, more or less drawn from the area very near to my own home, the working of the daily links of the medical profession with that section of the community who are poor but independent, not possessed of other than scanty means, yet willing to help themselves, and, in this at least, nobly self-reliant.

There are few questions more complex and more interesting than those which have to deal with the necessarily small earnings of the labouring poor in connection with the reasonable claim of any member of the medical profession to some money return for good and thoughtful service.

I pass by the Poor Law Medical Establishment with the one bare comment, that I sincerely hope the time is not far distant when efficiency, and not a niggard yet most unwise economy, shall be the dominant principle with those to whom this administration is assigned.

Again I limit my notice to dwellers in the country, in villages, and in small towns: of larger communities I have little personal knowledge, and in these too the constituent elements may well be under very different conditions.\*

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\* See, however, for parallel establishments:—Report of "Metropolitan Provident Medical Association," established in 1880, and apparently very successful.—*Daily Telegraph*, June 10th, 1886.

And again, for report of "Liverpool Provident Medical Association."—*Brit. Med. Journal*, June 12th, 1886.

I would first ask to put forward the almost self-evident statements :

That the poor are unable to make other than small payments.

That they are as a class for many reasons much in need of skilled medical direction and assistance.

That gratuitous medical aid is unjust to the recipients and unfair to our own profession.

How then is the problem to be solved ? It can only be satisfactorily dealt with by some system of "insurance against the occurrence of sickness," and this on a tolerably comprehensive scale.

It is true that to a very great extent this need is already met *for men alone* by the numerous Benefit Clubs, Friendly Societies, &c., Odd Fellows, Foresters, Sick Clubs, whatever their title : but I am dealing especially with the families, the wives, and children of the labouring classes, who are not provided for in any of the above-named arrangements.

I have selected nine instances in which Medical Provident Societies of this character have been established, and are in daily good working, to the enormous advantage of the recipient members, and to the benefit I would fain conclude in small degree of some of our own body.

It is no part of my purpose to refer to special places, and I have therefore designated these fairly representative societies by numbers, not by names. Let me add again that I have had in each instance not only the published dry report, but also the personal and kindly testimony of some independent authority well acquainted with the conditions of each locality.

These tables are before you ; and the time will hardly be ill spent if a few minutes are given to a more close analysis and comparison of these several data.

There is a strange discrepancy in the various items given in the published table—thus, as evidenced by the first column, the

payments *by* the recipient members, all be it understood of the same class, are far from being fixed by any common rule or standard, and vary, as you will note, not a little.

Equally without definite plan and therefore excessively variable are the payments *to* the Medical Officers:—

	One	gives	3/-	for each	Adult.
	One	„	3/6	„	
	Four	„	4/-	„	
	One	„	4/6	„	
	One	„	5/-	„	
	One	„	4/-	for each case,	Adult or Child.

Taking however the wider basis of calculation offered by dividing the total amounts paid to the Medical Officers by the number of recipient members, so giving the sum per head, we have a table as follows:—

No.	9.	gives	2/3
	5.	„	2/6
	1.	„	2/10
	4.	„	2/10
	8.	„	3/2
	3.	„	3/3
	2.	„	3/4
	6.	„	3/5
	7.	„	3/7

The expenses of management differ in the respective instances, and are sometimes surely far in excess of reasonable rates: thus, contrasting the sums so devoted with the amounts paid to the Medical Officers:—

Two	of the Societies	expend	2 per cent.
Two	„	„	3 „
One	„	„	4 „
One	„	„	5 „
One	„	„	6 „
One	„	„	7 „

In 1885, within an area of no great extent,—

18000 persons obtained medical attendance in sickness,  
at cost of a fraction over 3/2 per head.

Out of nine Societies—

One pays all expenses.

One pays all expenses (nearly).

Seven are dependent on outside contributions.

Two societies are each in the hands of one medical man.

Seven societies take in all medical men willing to attend.

I have taken some trouble to ascertain from members of the labouring and artisan classes what amount they consider that they may reasonably pay each year for due medical attendance.

The answers have been curiously uniform, and tend to show that a sum as nearly as possible represented by a week's wages would be considered a fair and not in any way burdensome payment; or in other words the head of a family earning £50 a year may well set aside 20s. per annum as his contribution to his Medical Aid Society. In other and more highly paid employments artisans for example, the same argument holds good, as the yearly earnings are higher, so in due proportion should be the weekly medical assurance payment.

It seems that an assurance society for purely medical help ought to adopt some such rules as the following :

1.—The financial part of the society should be managed by a small committee, not as a matter of direct personal money relations between the medical officer and his patients.

2.—The payments should be made always in advance, they should be collected in preference once a year, not more than twice a year.

3.—The area should be as large as possible.

4.—The Poor Law Union is a convenient division, but the linking the society with the Union, directly by name, management, or place of meeting, seems by general consensus of opinion to be most undesirable.

5.—The society should be open to all medical men within its limits. The right of personal selection of a medical attendant should always be preserved.

6.—The rules should be plain, simple, and decisive, and once made they must be adhered to and enforced.

7.—The contributions should be on such a scale as to meet all ordinary demands to the full.

Extraordinary payments, *e.g.*, to make up the fee for midwifery attendance, to meet the longer and more serious cases of fracture, surgical operations, etc., may reasonably be defrayed from a special subscription fund.

The scale adopted for these contingencies should not fall below that sanctioned by the Local Government Board for Poor Law Medical Officers.

*Mem.*—Note on this point that wages vary much. Even in two adjacent villages there may be 10 per cent. difference, and again that probably the poor can often pay, and readily, more than we calculate on.

8.—Few of our country districts are beyond the reach of some hospital. I do not think it an insuperable difficulty to arrange that membership in such a Society should, *ipso facto*, form a reason for admission for temporary or more permanent treatment.

9.—The wisest policy is to help the poor to help themselves.

If no such organization exist, the medical practitioner has to face the certainty that for very much of his work he will receive simply no return, and that in any prolonged and serious case of illness he must either, so to speak, compound by naming a totally inadequate sum; or he must place himself in the difficulty of asking, on ordinary rates of payment, that which a man of limited income is quite unable to meet. Hence an antagonism, if this latter course be followed, between the medical adviser and many of his poorer clients, much to be deprecated. Yet, how is it possible that a labourer with, say, 20/- a week, can pay for a single year's attendance sums varying from £15 to £40. Is it too strong a phrase to say that such claims are under the circumstances most undesirable, or that they almost amount to an abuse of the unquestioned right of any earnest worker to ask for adequate return?

Before leaving the subject I would, with your leave, venture to raise the question whether some definite good result might not come out of a more comprehensive enquiry into the mode in which this species of medical insurance is undertaken. Granted even that no immediate useful end were secured by the collection of data and of professional opinion, yet the information obtained would be but in store for future avail, and might even prove the starting point for some general organization for the better medical care of the deserving poor.

Royal Commissions take their birth at the will of the Imperial Parliament; their apparent inutility for the moment has proved, not infrequently, to be the prelude for future legislation, based on the collected evidence, the sifting, and the final report. "Reculer pour mieux sauter," is true of more than the single effort of the solitary athlete.

In independent enquiries other branches of the B.M.A. have done good service. I should be very glad if the members present may decide that on this enquiry the Midland Branch, with influence and associations over an unusually large area, might wisely expend time, energy, and money.

The subtle intellect of the Law has adopted the maxim "De minimis non curat lex." Our own profession, more humane in instinct and more human in its working, knows no such limit, to us "life is made up of little things," and the welfare of the individual is no foreign ground to the workers in our own ranks. I commend the suggestion to your consideration.

It may perhaps be pardoned to him who addresses you if, having already entered on his fourth decade of continuous professional work, he ventures to lay stress on the great and paramount need for thoroughness in enquiry and note taking of professional cases. Not indeed that every case needs to be or can be chronicled,—time alone would forbid the dream of such a completeness; but the first few visits should be careful, not hurried, and the salient points, at least, deserve to be committed to writing. I have not forgotten the regretful tone in which years ago a late Surgeon to the Lincoln County Hospital, MR. HEWSON, deplored to me that he had made no notes, worth the keeping, of the multitude of grave surgical cases which had come under his notice.

It were easy to point your thoughts to the advances in professional knowledge, medical and surgical, of the past thirty years, and to show, comparing the present with the past, how a definite gain has been registered in very many directions: I would rather ask however that my closing words should be, instead of a pœan of triumph, a note of thoughtful caution: What is, rather indeed what has been, from the very first taking up by any one of the practice of medicine, a fitting measure of the personal responsibility incurred by every member of the profession? Humanly speaking, what issues are not in our hands? The future of this or that member of the community, the welfare of the home, the very hazard even of life or death.

One often hears in courts of law of the grave responsibility of the jury. But what of the moral obligation which rests on him who is by the very nature of the case judge and jury in one,

upon whose course of action so much depends, and upon whose judgment, promptitude, and clearness of head, the friends of the sick are anxiously depending?

Far beyond this however lies the infinitely more grave relation, in so far that for the due use of his faculties to the best of his power, each one of us in his daily vocation is responsible to his God.

Sydenham in his preface \* to the first edition of his first work, "The method of curing fever," wrote in 1666 :

'Whoever takes up medicine should seriously consider the  
'following points: firstly, that he must one day render  
'to the Supreme Judge an account of the lives of those sick  
'men who have been entrusted to his care. Secondly, that  
'such skill and science, as by the blessing of God he has  
'attained, are to be specially directed towards the honour of  
'his Maker, and the welfare of his fellow creatures, since it  
'is a base thing for the great gifts of heaven to become  
'the servants of avarice or ambition. Thirdly, he must  
'remember that it is no mean ignoble animal that he deals  
'with. We may ascertain the worth of the human race,  
'since for its sake God's only begotten Son became man,  
'and thereby ennobled the nature that He took upon  
'Him. Lastly, he must remember that he himself hath  
'no exemption from the common lot, but that he is bound  
'by the same laws of mortality and liable to the same  
'ailments and afflictions with his fellows. For these and  
'other like reasons, let him strive to render aid to the dis-  
'tressed, with the greater care, with the kindlier spirit, and  
'with the stronger fellow-feeling.

I would ask to use these words of a master-mind for the moment as expressing that which I would fain leave with you as one of the memories of our Annual Meeting.

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\*Eminent Doctors, by Bettany.



Forgive me if I seem to go beyond the ordinary limits of an Address, yet the very fact that by your courtesy I am allowed to speak to you, is in itself an apt illustration of a new and personal indebtedness. I could not pass by this occasion without some such expression of deep personal feeling, (grave and even austere though my words may I fear sound to some of my hearers), and I might not flinch from the suggesting of serious thoughts, which, springing from our common standpoint as members of a noble profession, may yet need to be reiterated in the ears of each one of us.

The scene of human life remains the same from year to year, the actors only change, they flit across the stage of daily interests, some playing more prominent, the majority humble, almost unnoticed parts, only to disappear and give place to others. These in their turn are growing up, and do but wait behind the side lights ready to slip into the vacant posts. Very soon I who speak and you who have courteously listened will have played our parts. Only to drop the figure may it be written of us, as the testimony of those who have known and watched us with no unfriendly eyes, that our life's work has been done

‘ Ad majorem Dei gloriam.’



No.	PAYMENTS BY MEMBERS.	SCALE OF PAYMENTS TO MEDICAL OFFICERS.					Management.	Men and Women.	Children.	Total.	SUMS PAID TO MEDICAL OFFICERS.		No. of No.	Year.
		Sickness.	Midwifery.	Fracture or Dislocation.	Night Visits.	Sickness.					Midwifery.			
												Sickness.		
1	A. 3/- M. & W. 5/- W. with all C. under 16 4/- If not in Prov. Branch 6/-	A. 3/- M. & W. 5/- Family with all C. under 16 6/-	10/6							39 13	4 4	1	1884	
2	M. & W., <i>sine fam.</i> 4/- A. 4/- M. & W. with family 3/- C. under 16 in service 3/- C. under 16 not employed 1/-	M. & W. 4/- A. 4/- M. & W. with family 4/- C. under 16 in service 1/10 C. under 16 not employed 1/10	12/- within mile. 15/- over mille.	10/6 arm 1/1/- leg or thigh 1/1/- for serious opers.	2/6	About £45 a year	376 1008 419 1068	1709 1828	3093 3315	511 5 11 2 6 6 extra .553 15 3 4 4 extra	6 16 6	9	1884 1885	
3	A. over 15 3/6 C. under 15 1/6 If more than 5 no extra charge.	A. 4/- C. 2/-	15/-	10/6 arm 1/1/- leg or thigh or serious operations 2/2/- amput. or hernia.		About £20 a year			3138 3332	606 19 635 12 6		13	1884 1885	
4	A. 3/- C. 1/- Over 5 C. under 16, no extra charge.	A. 3/6 C. 2/- C. under 16, if more than 5 1/6	12/6	10/6 1/1/-		About £3 a year	235 214	239 194	474 408	66 59 8 6	7 10 7 10	2	1884 1885	



