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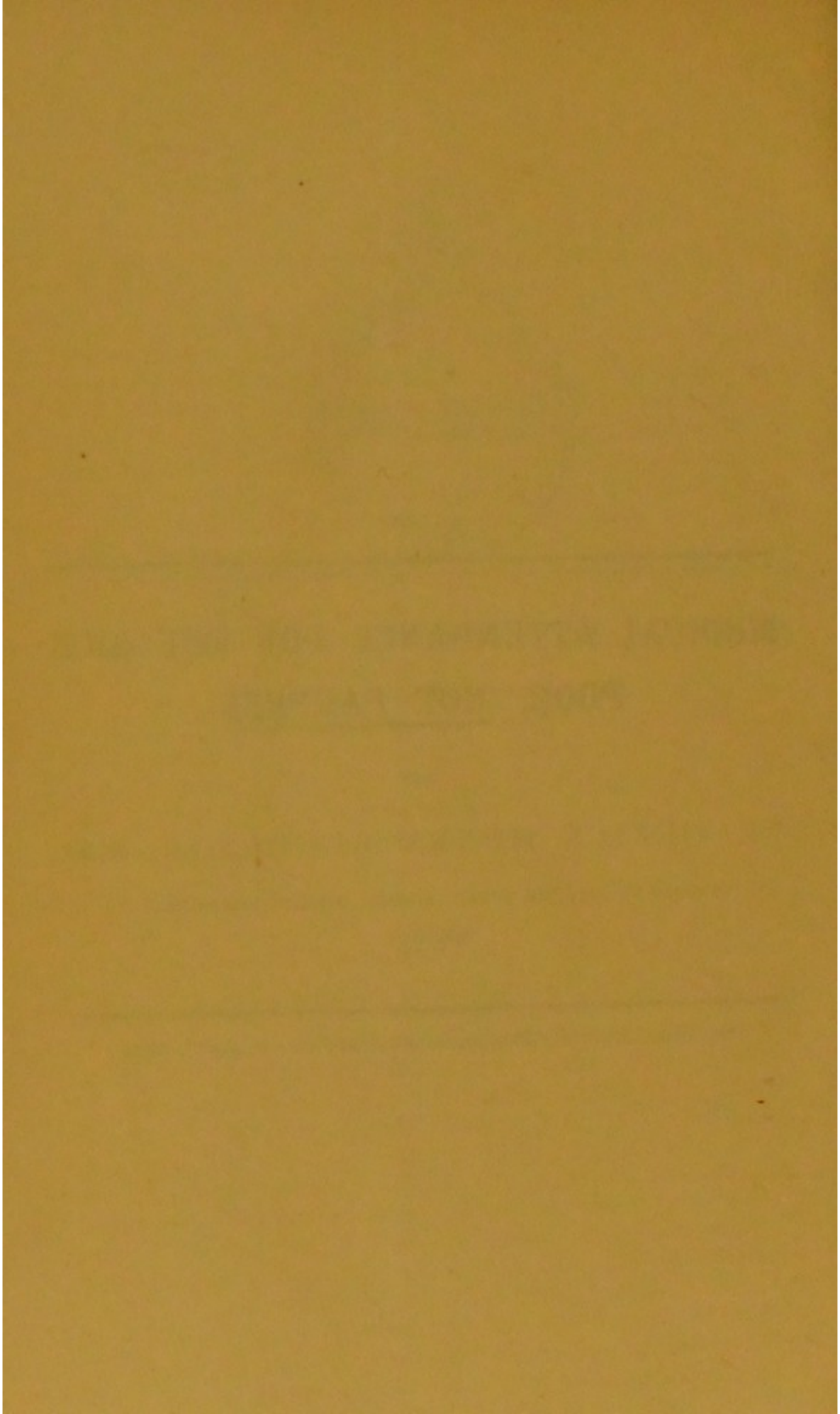
**MEDICAL ATTENDANCE FOR THE SICK
POOR, NOT PAUPERS.**

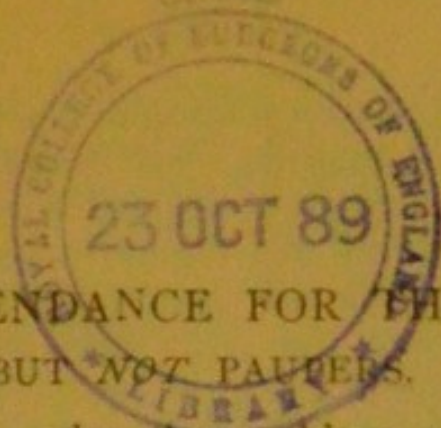
BY

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MEDICAL ATTENDANCE FOR THE SICK POOR,
BUT NOT PAUPERS.

THE attempt to solve the problem of how to provide good medical aid for that large and often deserving class who are beyond the reach of our Poor-law, and yet unable to provide themselves, because unable to pay (if the illness is of any duration) even the smallest fees charged by the majority of experienced medical men of any repute, is, as you aptly observe in your leader of this month's *Provincial Medical Journal*, just now attracting the attention, and occupying the thoughts and time of many of the profession resident in London, and also, too, of a few well-known philanthropic men, such as Sir T. Fowell Buxton, Lieut.-Col. Montifiore, Mr. Claude Montifiore, Mr. Bousfield, and other well-known men who have the cause of the sick and deserving poor much at heart.

You, sir, in your leader, cast a doubt as to whether this step is needed, and whether it will be followed by any measure of success. Whether provident dispensaries have done any good or not is a question that has yet perhaps to be answered; for the good they may have done is so exceedingly microscopic, and is so blurred by (and mixed with) evil, and accompanied by such grievous and palpable injury to a large section of the medical profession, that it is hard to discern the good work that may have been accomplished, and may yet follow the efforts of the Metropolitan Provident Medical Association.

The other question, as to the future existence of provident dispensaries has already been answered in the affirmative by public opinion, and by that portion of the public for whom we are trying to organise skilful, kind, prompt, and efficient medical aid in the time of sickness; for provident dispensaries already exist by hundreds, scattered all over the metropolis, and are largely attended and supported by the working-classes. It matters not whether the cause of, or the need for, their existence is produced by the lavish expenditure—as you observed in leading article—of “One hundred and twenty-three millions annually in liquor,” and chiefly spent by the poor.

Here they are, often miscalled and often misleading the sick poor, and proving anything but beneficial or curative in the aid they so cheaply give; but here they are in every locality, and here they will remain unless something better is provided, and this is now attempted to be done, and the only way appears to me is to fight them with their own weapon, to hoist them on their own petard. The necessity for the fight is urgent, for many of the *private* provident dispensaries (and it is these private ones that are so hurtful to the public and so demoralising to the profession) are owned, shall I say farmed, by the dozen by a single medical man, and the active and important work of every dispensary is done by an unqualified and often densely ignorant assistant, whose all-important and perhaps only qualification for his office, is a power of discernment as to *whether*, or rather *when* the patient will die, so that the principal, or rather the proprietor may be called in, *not to cure, not even to ease the patient*, but that he may be able to sign, in the event of death, the orthodox certificate, and save the exposé of an inquest by complying with the letter, although far outside the spirit of the law. How far and how often this certificate may be from the true cause of death, your readers may guess; or what real use it may serve when obtained from such a source, I am at a loss to conceive, unless it be to encourage the crime of infanticide by fostering the death premiums of life offices who do a large business in insuring infant life, and thereby encourage cruel, idle, or drunken parents (by the facility and ease they can obtain the death certificate) to insure the lives of their helpless and frailest little ones. A dozen years back, or rather twenty years ago, we should have referred this question with more or less confidence to the General Medical Council for a settlement; hopefully confident that a grievance so palpably evident would meet with speedy redress, and although our direct medical representatives have already given satisfactory proof at the late meeting of the Council that they will do real work and are making their advent felt, that they will have a certain, even if indefinable, but still a real inhibitory controlling influence on that Board growing stronger session by session, that will more or less influence the decisions of that august medical assembly, but the present evil of the dispensaries is fraught with so much and so great a danger to the public health, and is to the great body of general practitioners so crushing and so hurtful that we must not wait:

we must be equal to the occasion, for we cannot stop them, or even stay their multiplication, for the working classes and public opinion, rightly or wrongly, will have it so. A want undoubtedly existed, and has been felt, and the natural corollary the supply followed, and the dispensaries flourish; and the only way to remove this incubus appears to me is to establish dispensaries of an improved type that shall be able to attract on their staff good, competent, and popular local medical men. This is the reason why the dispensaries of the Metropolitan Provident Medical Association have not been a success; that they have not been a success is now admitted, for they have not hitherto been able to win the support and the co-operation of the profession, nor been able to obtain the medical men they might have desired for their medical officers.

Mr. Ernest Hart, in his memorandum of suggestions for remodelling the scheme of the Metropolitan Provident Medical Association, mentions as the remedy, "Local Medical Clubs, *i.e.*, a number of medical societies, each with a defined area, and all practitioners of fair repute within the area should be invited to affiliate themselves."

Now, in certain cases medical clubs may be better than dispensaries; they would certainly be better than the type of our present private, or even the provident dispensaries as now in existence; but after many years of experience of such clubs, Foresters, and Odd Fellows, they are not free from considerable abuse, and appear to admit of no wage limit as regards medical attendance. I think I may too say with confidence, that the better medical men, the medical men whom the public and the profession would probably like to see attached to the Provident Dispensaries of the future, would prefer, would desire to be relieved from providing medicines, even when they had a surgery at their own house and dispensed medicines for their private patients. They would much like to be affiliated to the hospitals in their own neighbourhood, so that they could avail themselves and their patients of the advantage to be derived from timely consultation with skilled medical authority; this step would be a decided gain to the public at large, and add considerably to the comfort and freedom from anxiety of the doctor, and especially to the young practitioner; it would also, I believe, conduce greatly to the dignity of the profession and to the credit of surgical skill. Consulting fees

should be paid half by the patient and half by the dispensary, where the consultation was desired in the interest of the patient by the medical man in attendance, and when the patient is unable to pay the fee, it should not exceed a guinea, and be paid by the dispensary fund.

To provide dispensaries of a better kind, that shall command the respect of the public, and the loyal support of the profession, and especially of the local neighbouring practitioners, is the object of Sir Spencer Wells' committee now sitting in London, to organise such a scheme for the medical attendance of the sick poor, and please remember *not for the industrial classes* who are able, and many of them are able as you mention to pay the ordinary fees of the general practitioner, and who have an income larger than a number of clerks, and even nearing a not small number of the professional classes. This committee, designated "The Medical Attendance Organisation Committee," has already held its sixth meeting, and is the outcome of the large meeting presided over by Sir Andrew Clarke at the close of last year. Every effort is made to obtain the views of each member of the committee, and whether the chairman be Sir Spencer Wells, Mr. Timothy Holmes, or Mr. Bousfield, discussion is freely encouraged, and the propositions to be discussed are sent a few days previously to every member of the committee, and the discussions that follow give evident proof that the various questions have been carefully and thoughtfully considered.

That the present effort may be successful, it is imperative as Mr. Bousfield's memorandum to the members of the committee pointedly states, "That the payments should be within the means of the class who will pay them, and as far as possible the rate of payment must be sufficient to remunerate the medical men for skill, care, and time." Now any at all adequate payment for the medical officers can at all events only at first be accomplished by outside help—*i.e.*, by subscriptions from the wealthy and charitable, for if the payments are beyond the means of the class who have to pay them, they must drop off and failure result. It is probable that in time, as the prosperity of the country increases, and with a revival of trade, these dispensaries may become self-supporting, but if these two essential aims are kept as they ought to be, constantly in the minds of the controlling committee, not very likely; but the present effort is very likely

to prove abortive *if the self-supporting aim is kept too frequently in view*. One or two good dispensaries I have known to collapse, for the reason that as they become popular and useful, and the number of the patients greatly increases, the subscribers fall off, and the dispensary finally closes for lack of funds; and this is likely to repeat itself unless care be taken to procure public support. A wage limit is necessary, and without, no scheme will receive the general support of the profession. Neither is it difficult to ascertain with sufficient correctness the approximate earnings of our poor patients—*i.e.*, if the medical man live in the neighbourhood. A simple declaration on joining that he or she does not earn more than the sum decided for the wage limit, and the power of the medical man to annul the contract if he has good reason to think that any wilful deception or misstatement has been made. The success of the scheme hinges on ready money payments, *paid when in health*; and these payments should go entirely, if possible, to the medical staff; the cost of maintaining the dispensaries should be defrayed by public subscriptions, for the public health would improve and the death rate probably be lowered. The out-patient department of our hospitals would be greatly relieved, so therefore the dispensary movement would not prove an additional tax upon the public; it would, too, by the saving of much illness, and of many useful lives, lower the poor rate, and would correct one of the great abuses of the hospitals; clinical teaching would not suffer, as Sir Andrew Clarke seemed to fear, for serious cases would still go to hospitals, and would no doubt be often sent there from the dispensary. Whether annual subscribers should have letters to give away in cases of sudden illness or accident to poor patients who had not joined is still *sub judice*. I think such a privilege might perhaps work well both in the interest of the sick and by the encouragement of subscriptions, but these persons must understand they would be expected to join as soon as well; this would prevent any apparent hardship in excluding ready money payments, which must not be encouraged, or the assurance system becomes nullified. The system at once ceases to be provident directly a small ready money fee is accepted to give the relief, that forethought and perhaps self-denial ought to have provided by payments to the dispensary when well.

There ought to be a room provided in a suitable locality in every district, where the dispensary staff could see the patients. This should be in the charge of a dispenser (or a care-taker where no dispenser), who should be capable of acting as secretary, and of making certain occasional enquiries that might appear necessary to the medical men or to the committee.

The medical men should write prescriptions (country towns or very small districts excepted), or the supplying of medicines might be at the option of the dispensary staff.

As the class for whom we are seeking to provide medicines within their means is a very large one, it would be to the advantage of the scheme if there were in many districts a graduated scale of payments, from 6*d.* to even 2*s.* 6*d.* per month for single persons, and from 2*s.* 6*d.* to 10*s.* per month for families; in the case of the higher payments the wage limit to be correspondingly increased to perhaps 60*s.* instead of 30*s.* per week; and a patient whose income was £150 a year could easily pay out of it from £3 to £6 for medical attendance; but it is perhaps this very class where a doctor's bill is very severely felt, and has perhaps the least chance of payment. I believe these higher fees would be conducive to thrift, and productive of much good and comfort to those who were willing to pay them. All payments should be made in advance, and quarterly if possible, as this would save much trouble and cost in collecting. The rate for children should not be less than 3*d.* per month (I would prefer 4*d.* except in very poor districts), for children are most prone to illness, and must give the most trouble. There should be no midwifery fee less than a guinea, and arrangements for consultations in difficult obstetric cases should be provided for, after the plan suggested in serious medical and surgical cases. The medical men should have the privilege of fixing their own time of attending the dispensary, according to seniority, two or three times a week; if a case required seeing oftener, the medical man might arrange to see the patient at his own house, or it might be made convenient to visit him when on his round at the patient's house. By a judicious arrangement of the hours for the attendance of the staff, overcrowding—as mentioned as an objection to the dispensary system by Mr. Hart—would not occur, and the convenience of the poor would be studied, and the great waste of their time, as

is the case in the out-patient department of hospitals, prevented. It is in the interest of the scheme that there should be a selection in the appointment of medical men, not too restricted, but still a selection, for without a selection the appointments will not be valued, and the more experienced men will hold aloof.

In the closing remarks of your leader you observe we do not see where the profession gains in either of the examples that you quote, but then your examples are from the payments made under the system of the Metropolitan Provident Medical Association that we are attempting to *revise and improve*; for instance, these contributions have been already decided to be increased in the case of children to threepence per month, and although limited to four children we must remember two, three, or four children are often ill at the same time and in the same house, and this with the poor is especially and mostly the case, and we thus should see very frequently several patients at one visit—a very considerable saving of carriage-hire or cost. But to me the chief advantage of the proposed scheme is that the profession, or such part of it as may in their wisdom accept office under the system, will have a sure quarterly income for doing professional work not uninteresting, and valuable as regards experience, that many of them may more or less have done *volens volens*, or, from the kindness of their hearts, for nothing. I have not unfrequently received from this class of patients, whom we are seeking to benefit, a few small ready money fees, *2s. 6d.* or *3s. 6d.*, perhaps only two or three, but it may have been—and they have said so—that it was all the money they had. I cannot leave them still suffering in pain and requiring medical aid, and I go on attending occasionally for weeks in the vain hope and almost certain hopelessness of future payment. Formerly to these patients, when they could no longer pay, I used to give a letter for our hospital, but our present model West London Hospital has long ceased its dispensary functions, and nothing efficient or satisfactory has as yet supplied the created want.¹ It is now, as it has ever been

¹ To accept such terms as are offered by the present Hammersmith Sick Club (twopence per week for a family) is, in the opinion of many, degrading to the profession, even as the very offer of such payment is an indignity to medical men.

with those who practise medicine, the earnest and anxious desire of the profession to help the poor, and this, sir, is why we aid this movement. But, much as we might wish, we could not do so did we not believe, to a certain extent at least, the scheme we are considering would prove remunerative to kind and able medical men whom, in the interests of the poor, we are seeking to attract to attend our future dispensary patients; for we believe what eminent authority has repeatedly stated, until it has been received almost as an axiom, that "all gratuitous work, if long continued, is badly done," and becomes more or less of very questionable value. Kind and able as it has ever been, I fear the medical attention at our hospitals, at least that of the out-patients' department, would prove no exception to this general truth. The time, in this present day when the professional classes—unless in the highest rank and of exceptionally good fortune—scarcely know how to live, has at last arrived when, as Dr. Erskine mentions in the opening page of his pamphlet on the abuses of our medical charities, the anomalous condition that requires medical men to do what no other profession has ever done, *i.e.*, to do more public work for nothing than all the other professions put together. Surely this must cease, and the public, who, notwithstanding, like the doctor, will see the force and justice of this, and help us.

It is, too, necessary that the competition—the injurious competition of the dispensaries—the "battle of the shops" as, with a mixture of truth and sarcasm, it is sometimes termed, should cease, for it is true, as the editor of the *British Medical Journal* has in his writings mentioned, that the teaching of the last twenty-five years seems to have tended to prove alike to the industrial, commercial, and professional classes, that unrestricted competition, while it may benefit the many, often brings the worst consequences to the competitors. I am of opinion, and I hope it may prove correct, that efficient provident dispensaries, managed by a committee with a good, but not too large, lay element, will succeed. Such dispensaries will have the support of the profession; good medical men will care to be its officers; hospital abuse will be mitigated; and the lower section of the industrial classes will not be crippled by doctors' bills, impossible for them to pay.

SUMMARY OF THE RATES OF CONTRIBUTION AT PROVIDENT DISPENSARIES IN LONDON AND THE PROVINCES.—PREPARED FOR THE INFORMATION OF THE MEDICAL ATTENDANCE ORGANISATION COMMITTEE.

Name of Dispensary.	Contributions per Month of Four weeks			Servants' per Annum.	Persons Joining Sick.	Midwifery.	Wage Limit (if any).	Remarks.
	Single.	Man and Wife.	Children under 14.					
Provincial.	<i>d. s. d.</i>	<i>d.</i>		<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	<i>s. d.</i>	
Birmingham Prov. Dis	5 0 10	3	...	...	...	...	...	{ 1s. is the max. rate for a Family Card { 8d. is the max. rate for a Family Card
Northampton " "	6 1 0	4	5 0	5 0	10 0	...	...
Derby " "	4 0 8	2	...	3 6	10 6	...	...
Liverpool " "	6 0 10	3	...	10 0	15 0	50 0	...	
London.								
Battersea Prov. Dis.	4 0 8	2	...	3	10 0	30 0	...	{ Class A. Max. rate, 1s. 4d per month. { Class B. Max. rate, 2s. 8d. per month.
" " "	8 1 4	4	...	7 0	15 0	50 0	...	
Camberwell " "	5 0 8	2	...	5 0	15 0	30 0	...	{ 8d. is the max. rate for a Family Card
Finchley " "	6 0 0	...	...	...	...	35 0	...	{ 1s. Man & Wife, and Children under 14.
S. L. Med. Aid. Inst.	8 0 10	3	...	*	15 0	...	...	{ 2s. is the max. rate for a Family Card
Fulham Sick Club ..	4 0 8	2	5 0	5 0	15 0	...	...	{ 8d. is the max. rate for a Family Card
Wandsworth M. A. S.	4 0 8	2	...	7 6	15 0	...	...	{ 1d. per mem. per qu. is charged for man.
Suggested Rates ..	6 0 10	2 †	...	...	15 0	...	...	{ 1/6 to be the max. rate for a Family Card

* Non-members are attended on the following terms:—At dispensary, 1st visit, 1s.; each visit after, 6d. At home, 1st visit, 2s. 6d.; each visit after, 1s.

† From 14 to 18 years of age, 4d.

