

**Remarks on the Poor Law Amendment Act : with reference to pauper medical attendance, and medical clubs / by Edward Copeman.**

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REMARKS

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ON THE

POOR LAW AMENDMENT ACT,

WITH REFERENCE TO

PAUPER MEDICAL ATTENDANCE,

AND

MEDICAL CLUBS.



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## REMARKS.



THE New Poor Law has been in operation a sufficient length of time to become the legitimate subject of examination as to its effects; and it seems that most persons capable of forming an opinion, have in some degree made up their minds either for or against the measure. I believe the result to be that the majority is, upon the whole, favourable to it; although the number of those who object to its principle, and are averse to its details, is by no means insignificant. With regard to the medical department, however, it is decidedly unpopular, and but few medical men express satisfaction in its provisions for attendance upon the poor during illness. It cannot be denied that such a state of things is a great evil; and my object at present is to investigate the causes of this dissatisfaction, for the purpose, if possible, of removing some of the objections to the law at present existing on the part of the medical profession, and of directing the proper authorities to the necessity of providing a remedy, where the exigencies of the case seem to demand it.

In the medical department it would seem that the Poor Law authorities, by the indefinite manner in which their regulations were at first constructed,



invited medical men to state their own views, and propose their own plans, in order that the commissioners might thus be furnished with more correct data than they could otherwise obtain for fixing upon a permanent plan of procedure. Without such assistance, they would necessarily find it difficult, if not impossible, to meet the varied circumstances occasioned by different modes of practising the profession in different parts of the country ; and although it must be allowed that they have in many instances turned a deaf ear to the remonstrances and suggestions of medical practitioners, they have in several points amended the system on which they commenced their operations.

It has been wisely suggested that medical attendance on the poor should have been regulated by a medical board, acting in conjunction with the commissioners ; but unfortunately there is no such board to refer to, and therefore recourse must be had to other means for establishing a plan suited to all circumstances and localities, and equally satisfactory to the profession and the public.

One great desideratum is, to remove any misapprehension concerning the working of the law that may exist in the minds of influential and enlightened members of the medical profession who are not personally engaged in pauper attendance ; and to this end, I shall briefly consider the objections usually brought forward by medical men upon the subject. The principal that occur to me at present are—



I. The tender system in the election of medical officers.

II. The oppressive authority exercised over them by the boards of guardians.

III. The insufficiency of the salaries to enable surgeons to provide for the wants of the sick poor, and to remunerate them for their time and trouble.

IV. Orders for attendance being issued by parties not capable of judging of the necessity of giving them.

V. The objectionable forms for the medical returns, they being more troublesome than useful.

I. As to *the practice of electing surgeons by tender*. This objectionable method has not been followed in this neighbourhood; its tendency is essentially a bad one, and it must be ere long (if it be not already) entirely abandoned. For although it may be stated that "it is by no means necessary for the boards of guardians to accept the lowest tender," yet the system has such an intimate connexion with the mode of appointing working tradesmen, that it is derogatory to the profession to submit to it. The proper way is, undoubtedly, for the guardians to fix a remunerating salary, and then to elect the best qualified candidate.

II. Much has been said about the domineering manner in which surgeons have been treated by the boards of guardians, but I have pleasure in stating that I have met with nothing in this respect to constitute a cause of complaint. I cannot but observe, however, that the surgeon labours under



disadvantages when in attendance at the weekly meetings, which it is desirable to all parties to remove. For instance, although he may be permitted to enter the board-room without a *summons*, he has still the feeling that he has no *right* to be there ; neither does he seem to be authorised in joining in any discussion that may be going forward, unless he be particularly addressed upon the subject ; but I am convinced if he could feel at liberty to offer an opinion without fear of being considered intrusive, such opinion might occasionally be of service in influencing the decision of the board. Why not make the medical officers *ex-officio* guardians, as they are governors in other public medical institutions ? They would then be induced to attend the meetings more frequently, and assist the board in cases referring to their department. Being guardians, too, they would be authorised in granting medical relief in cases of emergency, without any delay to the patient ; and who so qualified to judge of the necessity of affording it ? I really think this subject deserves consideration, and that the arrangement above-mentioned would heal many differences between the medical profession and the Poor Law authorities. Of course in all matters regarding himself or his appointment, the surgeon must not vote as a guardian.

III. With respect to the salaries ; looking to the real intentions of the new act as explained by one of the assistant commissioners, there is less to complain of than is generally imagined ; for al-



though they are by no means a sufficient remuneration for attending all the labouring population that used to receive parochial medical relief under the old law, yet when it is considered that the object of the commissioners is to limit the administration of out door relief, medical or other, to persons in a state of pauperism, and that the salaries were fixed for the remuneration of duties thus restricted, they will be found in many instances to exceed those given previously to the introduction of the Poor Law Amendment Act.

In a district which I hold in the Aylsham union, and in one held by my partner Mr. Taylor in another union, the salaries are fixed upon a calculation of about 4*d.* per head upon the whole population; and I shall endeavour to shew that when the law is properly adhered to, and no medical orders are issued by any other person than the relieving officer except in cases of emergency, the above scale of remuneration is not very objectionable.

In the St. Faith's union there are four districts, for which each of the surgeons is paid £40. and the one who attends at the workhouse £10. more. The following statement is drawn from a return made by the surgeons for the year 1837, pursuant to an order of the House of Commons.

	<i>No. of Cases attended.</i>	<i>Average No. constantly on the List.</i>	<i>Remuneration per Case.</i>	
			<i>s.</i>	<i>d.</i>
Norwich District	360	18	2	2½
St. Faith's ditto	213	9½	3	9
Frettenham ditto	85	3	9	4
Weston ditto	117	8	7	0



In the Norwich district, the patients for the most part live at a shorter distance from the surgeon's residence, and consequently can be attended at less expense; but even under these circumstances, I cannot think that 2*s.* 2*d.* a case can remunerate the surgeon for his time and medicines. But the table shews that in the Frettenham district, where orders for medical attendance are, with few exceptions, confined to actual paupers, (owing in some degree to the existence of a medical club in the neighbourhood, to which the labouring population resort for medical attendance,) and where therefore the law is strictly adhered to, the salary is perhaps as much as can be expected in these times of economy and retrenchment.

In the Buxton district of the Aylsham union, I attend twelve parishes, containing 4726 inhabitants; and in the year 1837, the number of cases of sickness and accident was 190; the sum received, £76. 10*s.* 0*d.* or about eight shillings a case. Here the same causes are in operation; namely, the existence of a self-supporting medical club, and the restriction of orders to actual paupers. During the same year, 360 patients were attended as members of the club above referred to, and it is quite clear that if this number were added to those attended under the union, the remuneration per case would be reduced far below what could possibly be considered a just and proper compensation for medicines and attendance. I conclude therefore that the principal cause of the remuneration



ration in other instances being inadequate, rests chiefly with those who are intrusted with the administration of the law, in not restricting medical relief to *paupers*.

In proof of what I have stated as to the intention of the law to exclude all but paupers from receiving medical relief from the parish, I insert the following paragraphs from a circular issued by the Poor Law commissioners in May 1836, recommending the establishment of medical clubs.

“ The arrangements for affording medical relief to persons who, on account of their destitute condition, require to be supplied with it by their respective parishes, may be held to be already provided for by the existing statutes ; for although the 43rd of Elizabeth makes no express provision for medical relief, still as paupers were to be relieved according to the nature of their actual wants and necessities, the overseers of the poor have long been in the habit of providing relief in medicine, as they have done in food and clothing, in cases where that particular description appeared to them to be necessary. It would seem, therefore, that there exists no doubt or difficulty as to the course to be pursued with respect to all persons requiring medical relief, who may be already on the list of paupers.

“ It has however, sometimes been a question, whether persons not being on the list of paupers, or in receipt of parochial aid, can be entitled to medical relief in cases of sickness or accident ; and



as doubts on this point appear still to exist, the commissioners wish to point out, that in these as in all other cases, actual necessity or destitution is the condition on which all applications for relief, medical or otherwise, are to be decided.

“A labourer who, when in health, is able to obtain an independent maintenance for himself and his family, may be speedily reduced to such a condition, by disease or accident, as to create the most pressing necessity for parish relief. With respect, however, to cases of this description, it should always be borne in mind that it is less revolting to men’s feelings to ask relief in such circumstances, and more difficult to the parish authorities to scrutinize the necessity of granting it, than in any other cases which the guardians and relieving officers have to deal with; and there is danger, on this account, that when relief in money or in kind shall nearly have ceased in a district, relief in medicine may still prevail; and that the habit of dependence on parochial aid, which has been the source of so much evil, may thus be continued.

“It being the object of the Poor Law Amendment Act to restore the labourers to a state of independence, every method should be tried to enable them to maintain and preserve that position when once they have attained to it, and to strengthen the barrier by which they have separated themselves from pauperism. Although it is probable that the labouring class will not now resort to the



parish for relief so readily as heretofore, still as the inducement to do so will continue stronger in cases of sickness and accident than in those of any other pressure or difficulty, it is in the highest degree necessary to provide for the labouring poor another and a better resource in such cases than can be afforded to them by the intervention of the parish."

The commissioners in these remarks state plainly enough, how much at variance with the new law they consider it to grant parish medical relief to labourers earning regular wages; and the following letter, which I addressed to the chairman of the Aylsham board, and the answer, shew a case in point in which the guardians refused parish attendance.

Sir.—I have received an overseer's note to attend \*  
\* \* \* but upon inquiry, find that her husband has constant work, earns 11s. a week and has only three children. Thinking this a case not entitled to parochial attendance, and likely to cause dissatisfaction to the members of the club in Scottow, I shall be much obliged if you will take the opinion of the board upon it, and let me know the result.

I am, &c.

E. COPEMAN.

Sir.—With respect to the case of the woman \* \* \* \* the board has ordered that no medical relief be afforded her at the charge of the union, under the circumstances mentioned in your letter.

H. P. *Clerk to the Board.*

But it may be argued, and perhaps with reason, that parish medical relief so restricted is inadequate to the wants of the pauper population, and cannot be enforced without injustice to many who



are not in circumstances to pay for medical advice ; that the labouring population are worse off in time of sickness than actual paupers ; and lastly, that it would be better to give larger salaries and include a more numerous class of persons as entitled to medical relief from the unions. To this I would answer, without pretending to determine the most eligible mode of dispensing medical relief, " that the extending it to individuals above the condition of paupers, except in a few cases of great emergency, is quite inconsistent with the provisions of the new act, and must continue to be so unless the principle upon which this law is founded be altered." How then can we meet the exigencies of the case with reference to labourers ? One plan is to establish well regulated medical clubs ; and notwithstanding the many theoretical objections urged against such institutions, I can bear testimony to their beneficial effects generally, although they do not in every individual case afford the benefit required of them.

IV. The next objection to be noticed is, that the relieving officers are not competent judges of the necessity of granting medical relief ; and in some instances it is well founded ; but how can this difficulty be overcome ? I would only say that, as regards cases of emergency, the making the surgeons *ex officio* guardians would fully accomplish the object, by enabling them to act upon their own judgment of the necessities of the case, without requiring any other authority.



V. The forms for medical returns are unquestionably defective in some points, and vary in different unions ; but I trust experience will ultimately suggest a plan better adapted for attaining the objects for which they were prescribed.

For the relief of sick labourers, the Poor Law commissioners have recommended the formation of independent sick clubs ; they state that “ these institutions have been invariably productive of the most salutary effects,” and that such “ clubs have not already become general, chiefly because of the facility with which the aid of the parish doctor has hitherto been obtained.” I believe they are capable of rendering essential service to the industrious and independent poor, and shall therefore venture to make a few observations concerning them.

It has come within my own knowledge that in several instances where attempts have been made to establish medical clubs, success has not followed ; and these failures seem to be attributable to several different causes. First ; members of the medical profession have refused to assist in forming them, sometimes owing to a dislike to the system altogether, sometimes from the idea that their salaries from the unions would be reduced in consequence. With respect to the latter, I consider that as the salaries were at first fixed at a low rate because they were intended for procuring attendance for paupers only, the circumstance of a different class of the community being provided with medical attendance from other sources, can be no just reason for reducing them.



Secondly, it has frequently happened that the resident gentry in a particular neighbourhood have shewn a reluctance to contribute their services in the formation and management of clubs. Lastly, both these parties have been prejudiced against them, from the formation of clubs having in some places been rendered *compulsory* by the board of guardians. I believe it to be essential to the success of medical clubs that the gentry contribute to an honorary fund, and personally assist in the management of their concerns; that the medical officers enter upon their duties willingly, and with a desire to promote the success of the institution; and that clubs be entirely independent of any control from boards of guardians or other poor law authorities. In many towns and villages, self-supporting dispensaries or clubs have been eminently successful in providing for the necessities of the labouring classes during illness. "Thousands of industrious persons at Coventry can bear testimony to the practical blessings thus produced. If there were no other such institution in Britain, the one at Coventry has existed long enough, and has been of such vast utility, that it has sufficiently demonstrated the practicability, efficiency, and great moral utility of the scheme. In Coventry it has been found absolutely necessary to limit the free subscribers to 2,500; now, persons have to wait for vacancies, and do wait; so forward are they to embrace the advantages of the self-supporting dispensary; and this, it is to be kept in mind, in the face of a gratuitous dispensary, positively



inviting their acceptance of its aid ;—making therefore, on the whole, the strongest case possible.”

“ In Atherstone, the self-supporting dispensary numbered 700 free members, under the powerful recommendation of the minister and gentry of the place.”

“ Rugby in Warwickshire is a small community, and has a self-supporting dispensary with 450 free subscribers. In the district around Chilvers Coton in the same county, there is another with 500 free subscribers. They exist also in Derby, Burton on Trent, Lymington, Calne, Barfoot, Wellesbourne, Southam, Aston, Birmingham, Long Buckby and other villages in Northamptonshire, Tuxford in Nottinghamshire, and in many other places.”\* In a speech delivered by Lord Ellenborough in the House of Lords, in April, 1837, his Lordship says, “ When noble Lords spoke of the situation of paupers, they ought to recollect that there was a very large class of persons who called for their attention as much as paupers. He meant those individuals who were placed just above pauperism, who required medical attendance, but who would be ruined by the expense of employing a doctor. For the benefit of such persons, he wished that they should establish medical clubs. In the union where he lived, such a club had been successfully established. There were 10,000 persons in that union, and in the course of six weeks there were 850 subscribers to the club.”†

\* Dr. Bigsby on Self-Supporting Dispensaries, 1832.

† St. James's Chronicle.



In July, 1836, a meeting of the neighbouring clergy and gentry was held in Coltishall, the village in which I reside, for the purpose of forming a medical club for the benefit of the labouring population of this and the adjoining parishes. In the first quarter of the year, 154 persons subscribed, as free members, for themselves and families; and at the end of the year, the number was 204—the total number of individuals entitled by these subscriptions to the benefit of the club in case of sickness being nearly 800, in a population of between 4,000 and 5,000 scattered over 10 or 11 parishes. The honorary fund amounted in the first year to £52. 0s. 0d. and the free members' subscriptions to £81. 17s. 6d. During the year, 360 patients were attended as members of the club; of this number, 94 were cases of influenza.

The result was as follows,

Cured	329
Relieved	7
Incurable	2
Died	9
Remaining on the Books	13
Total	<hr/> 360 <hr/>

In the present year the number of free subscribers is increasing, and although it is difficult to convince many of the labourers that it would be for their good to join the club, yet those who have already been partakers of its benefits, are, with few exceptions, well satisfied and anxious to continue their subscriptions.



The surgeon derives advantage from receiving a certain gross sum, instead of being obliged to trust to the precarious payment of bills ; and thus avoids the disagreeable alternative of sacrificing his time and medicines, or of enforcing his claim by compulsory proceedings. The remuneration from clubs, it is true, is very slight, but the sum may perhaps nearly equal what would be received from the payment of bills by the same class of persons ; and the far more satisfactory mode of obtaining it, will I think compensate for some little sacrifice on the part of the medical attendant.

Another advantage, and one of great importance, both to the surgeon, and the patients that may be submitted to his charge, is the assistance the former derives from the honorary fund in the treatment of diseases, by being enabled to prescribe wine, broth, meat, &c. for his poorer patients, as well as medicine.

The benefits accruing to the labouring poor from the establishment of medical clubs, have been brought before the notice of the public in some excellent pamphlets upon the subject ; and the facts above referred to, as well as the few observations I have made respecting the club system, are intended chiefly as concurrent testimony to their efficiency, when under proper regulations and receiving the support of the higher classes of society.

In conclusion, I would observe that the New Poor Law has been productive of benefit both to



the medical profession and the public, inasmuch as it has rendered indispensable the possession of certain abilities and good character by surgeons employed in pauper practice, and has driven out of the field the very ignorant, immoral, and intemperate. I am informed that formerly, many who could not write a line, regularly attended paupers, and were in fact regarded as very eligible parish doctors. All such are now excluded, and indeed every man must ultimately meet that fate who is negligent in his habits, and will not or cannot make out the regular returns. It must be admitted that the powers of the Poor Law commissioners are arbitrary ; but the evil to be overcome was so great that only an extreme measure could touch and remove it ; and I really believe that the Poor Law Bill, under certain modifications, will ultimately prove advantageous to all branches of the community.

FINIS.