

**Suggestions toward the improvement of the dispensary at Newark, founded on an estimate of the remedial wants of that town & neighbourhood : followed by an appendix containing tabular views of the management and results of thirty English dispensaries / by John J. Bigsby.**

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from the Author*

**SUGGESTIONS**  
TOWARD THE IMPROVEMENT OF THE  
**DISPENSARY AT NEWARK,**  
FOUNDED ON AN ESTIMATE  
OF THE  
REMEDIAL WANTS  
OF THAT TOWN & NEIGHBOURHOOD :  
FOLLOWED BY AN APPENDIX  
CONTAINING TABULAR VIEWS  
OF THE MANAGEMENT AND RESULTS  
OF  
**THIRTY ENGLISH DISPENSARIES,**


BY  
JOHN J. BIGSBY, M.D. F.L.S.

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## ON DISPENSARIES.

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IT must delight every reflecting Inhabitant of Newark to contemplate the rapid succession of philanthropic institutions, which have sprung up among us within the last ten years, and are in active and useful operation.

The same space of time has also witnessed the completion of many important architectural improvements.

At present, another great benefit seems to be near at hand;—I allude to the changes in the constitution of the Dispensary, as proposed and resolved on, recently, at a General Meeting of the Governors; but not yet carried into effect.

I trust, therefore, that a few remarks on this form of medical charity, the result of much consideration, and for the most part, placed on paper nearly three years ago, will not be unseasonable.

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I. There is a greater quantity of disease in any given town or district than is supposed by most persons. This is one of the facts which may be gathered from the study of medical statistics.

II. According to four separate and completely independent calculations, respectively made by the Manager of a Friendly Institution at Liverpool,\*—by M. Hecker, of Hanover,†—by the late Mr. Jowett, of Nottingham,‡—by Mr. Oliphant, for the Highland Society of Scotland,¶--it appears, that there is always, (i.e. permanently) one person sick in every 50 or nearly 300,000 throughout England—a fact which we only place in another point of view, when we state that (besides children) *one quarter of our whole population* (or  $3\frac{1}{2}$  millions) suffer annually from a disease of more or less importance, and always requiring attention. §

Many years ago Dr. Price stated the proportion to be 1 in 48;—but partly on theoretical grounds.

\*Becher on Friendly Societies, p. 10, 11. It is founded on results observed from 4,165 individuals.

† In 1793 the Royal Society of Gottingen offered a prize for the best essay on this question,—“ what is the cheapest and best method of assisting the sick poor of a small town.” The prize was adjudged to M. Hecker, a practitioner of Hanover. He calculated that there are 500 sick per annum, in a place of 2,000 Inhabitants, but that the proportion is smaller in a town with population of from 2,000 to 6,000. His observations led him to suppose that of the above 500 cases of sickness, 300 would be serious, and confine the patient to the house,—100 would be cases of indisposition, and the remainder, cutaneous affections, and others not altogether preventing labor. This proportion, of course will vary according to locality, occupations, and many other circumstances. Friedlander, Coup d'œil historique des Pauvres, &c. p. 20.

‡ From calculations based on his experience during nearly five years, as Resident Surgeon of the large Parish of St. Mary's, Nottingham. (Jowett's pamphlet on the Nottingham Dispensary.)

¶ From 104,218 individuals.

§ It has been found that the average duration of illness (in adults) requiring medical attendance, is 31 days in this country; therefore in 365 days (a year)  $12\frac{1}{4}$  will be ill, as we find by dividing 365 by 31;—or a quarter of the fifty, the assumed unit.

From theoretical considerations, Mr. Edmonds, (Trin. Coll. Cambr.) makes it very nearly as I have given it; and his estimate has been adopted by the able editor of the British Medical Almanac, for 1836.

III. In these statements infants are not taken into account: we have as yet no data as to them. Were they included, the sum of disease would mount up prodigiously;—so as to make it appear that nearly one half of the numerical population of this Kingdom, pass annually under the hands of the medical profession.

IV. According to these results, therefore, the Town of Newark, besides its infants out of health, will have a daily sick list of 200, and an annual list of 2,500.

If we take in an area of  $7\frac{1}{2}$  miles radius, around Newark, we shall obtain a population of 28,500 souls—productive, of course, of 570 permanent sick, and 7125 during the year;—attended by twenty-four medical practitioners.

V. This gives one professional attendant to every 1,187 individuals for Newark and its neighbourhood,\* while the British Army has one for every 330, and as we find from Mr. Gaskell,†

Manchester has	1	for	121	individuals
London	—	1	—	345
Paris	—	1	—	900

\*This proves one of two things, or perhaps both, that an agricultural population is more healthy, or is poorer than a town community. It does not by any means follow of necessity that more practitioners would find subsistence, and be of service to this neighbourhood.

† Artisans and Machinery, p. 208.



VI. We see that Newark yields an annual sick list of 2,500.

Hitherto not quite a quarter of this number have received aid from the Dispensary; 1900 sick having, firstly, paid for assistance, or, secondly, been attended by the parish surgeon, or thirdly, relied on the private charity of the medical men of the town.

VII. It is quite out of my power to discover numerically, and in a direct manner, how many of these 1900 cases have been unprovided for, or left to the kindness (and it is not small) of the faculty, as I cannot examine into matters strictly private—into ledgers;—but I can readily prove that their number is large;—and I am confident that there lives not a man in the town who would consent to the neglect of one solitary case.\*

VIII. Something may be learnt from the practice in other places, and reference to the table of Provincial Dispensaries in the appendix will shew that in the greater number of towns, more is done than at Newark; but we are prevented from arriving at a very accurate conclusion here by the excellent practice prevailing almost every where, of admitting the neighbourhood to the medical privileges of the town;—not that this has any very great effect however.

\* The inadequacy of dispensary relief, chiefly falls on the aged, a class of persons peculiarly entitled to protection. It has been ascertained that ill health steadily advances in quantity from manhood to old age.

Thus, persons between 20 and 30 years of age (one-sixth of our population) may expect only 5 days illness through the year, while those between 50 and 60 (one-fifteenth of the population) must calculate on nearly 16 days; those between 60 and 70, on 40 days; and those between 70 and 80, on 120 days of illness, annually.

The proportion borne by the patients at the Dispensary to the population of a given town, I have obtained in five instances;—and we perceive that Newark is by far the most sparing in medical relief to her poor,\* for while her Dispensary assists but one-sixteenth of her population, Liverpool by *only two* of her numerous Institutions, the North and South Dispensaries, performs the same office for within a fraction of one quarter of her residents.

Chichester, (population 11,000) possessing a community, enlightened in no ordinary degree, has an Hospital of 55 beds, and a Dispensary with a sick list of 500 patients.—Dublin is perhaps hardly a fair example of a healthy civic economy. The proportion of her poor who pass through the medical charities annually is enormous. No less than 135,091 persons received gratuitous medical assistance in 1833 in that city, when neither fever, nor any other disease, was unusually present.—Phelan, (Med. Char. of Ireland, p. 7.)

The following table shews the proportion of relief to the population in five towns.

Name.	Population.	Sick treated by Medical Charity	Proportion to Population.	Remarks.
Liverpool ..	165,175	42,618	1 in 3,87.	Exclusive of sick in Workhouse.
Manchester	142,000	27,804	1 in 5,33.	
Carlisle ....	20,006	3,000	1 in 6,5.	
Kings' Lynn	13,600	1,500	1 in 9.	
Newark ....	10,000	600	1 in 16,5.	

IX. But further, I beg to observe that I ascertain the present issue of 600 tickets to be too small, from infor-

\* Out of 2,131 houses in Newark at this time, 855 are let under £5 per annum, and 630 at £5 and under £10.

The proportion of poor at Newark therefore appears to be large.

mation gathered at my visits to the poor—from the pressing entreaties for them at my own door—from the remarkable fact that every ticket distributed for the year 1835 was used but seven (vide table, No. II.), so well had the town been searched :—and lastly, the strongest possible testimony is given to this statement by my having annually (and others of the profession do no less, it may be imagined), to give gratuitous advice, and often medicines, to an hundred Inhabitants of the town—proper objects for the Dispensary, but to which I cannot refer them. The number 100, here named, is under the mark ; but it suffices to prove that the Dispensary leaves too much for private exertion.

X. The eighteen tickets allotted to me are soon disposed of : in part, because the poor, naturally, first betake themselves to the medical men. During the last three months of every year, applications are very frequent and distressing. They would be still more so, did not the laboring classes sorrowfully know, that admission is most difficult, if not impossible : and then they run into debt with the general practitioner, or go to the parish, or suffer in secret.

XI. It is not all clear gain when the number of tickets is kept very low, for such a procedure forces on the institution an undue proportion of chronic cases, which are very expensive from their obstinacy. Acute diseases, such as inflammation of the brain or other great organs, are too dangerous and too rapid in their course to permit the town to be examined for a ticket, so we find few such on our books ; and it is a serious diminution to the usefulness of the Dispensary. The large figures in

our catalogues almost invariably represent protracted diseases, which pass through a weary interval of 50, 100, or even 150 days under treatment.\* (Vide table, No. II )

XII. My conclusion, upon the whole, is, that the issue for the present should be 900 tickets ; midwifery cases and vaccination not included.

It is to be remembered that the sick of Newark are yearly increasing in number ; for the population augments at the rate of 120 per annum ; and that the use of steam and other machinery, liable to produce severe accidents, is creeping in among us.

There is a steady addition to the number of their patients in most of the English Dispensaries ; especially in those of London. (Vide table, No. I.)

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XIII. The Newark Dispensary was established in 1813, for the relief of the sick and hurt poor, for assisting the indigent in cases of midwifery, and for extending the practice of vaccination.

\* The differences of this kind to be observed in medical charities are numerous and striking. Thus in Gloucester Infirmary, the average stay of a patient is  $101\frac{1}{2}$  days ; in that of Leicester, only  $28\frac{1}{2}$  ; while the mean for English Hospitals is about 42 days. Of the reason for this in the cases of the two towns cited, I am ignorant.

The average duration of sickness in private life, and in Dispensaries, is supposed to be 31 days ; yet in our Dispensary it is 43 days—a fact which increases our expences, and which arises from the preponderance of old cases. Every facility should be afforded for the admission of short and dangerous diseases—by no means, however, excluding the other class.

XIV. Few or no changes, have taken place in its constitution or management from its commencement, although since that time nearly 3,000 have been added to our population.

XV. It is administered by about twelve permanent Governors,\* *ex officio*, and twelve elective Governors, subject to annual removal—all residing in the town.

These gentlemen are accustomed to meet once a year (in February,) to pass the accounts, receive the numbers of the patients treated, and make any necessary change in the laws. They usually appoint small sub-committees for temporary purposes.

XVI. In addition to a considerable revenue derived from the Charity Estate of Magnus, the Dispensary began operations with an income of £75 12s. received from fifty-nine subscribers, twenty of whom only reside in the town at the present date; and twenty-five are known to be dead. But the subscriptions soon, in fact, ceased to be collected, the Charity above mentioned being found nearly equal to all demands, and the residue being provided by temporary expedients.†

XVII. The medical and surgical business of the Institution has been carried on in two very inconvenient and small rooms, under the Town-hall; the one being the dispensing surgery, and, the other, the consulting

\* The Mayor, first senior Alderman, Vicar, four Churchwardens, three Physicians, and four Surgeons.

† Since writing the above, I have been informed that no Subscriptions were ever actually paid.

apartment ; waiting room there was none : the patients either crowded the surgery, or waited their turns shivering with cold, in the thoroughfare under the hall, the shambles in fact.

XVIII. Although from various causes, the Dispensary was to the year 1826, under the control of the late Dr. Buck, yet the whole or nearly, of the treatment, medical and surgical, has ever been in the hands of the surgeons, the physicians being seldom consulted.

The surgeons attend in rotation for three-monthly periods. They are remunerated by the sum of £60 per annum, for the labor of dispensing the medicines ;—and the Dispensary further pays them a fee of 10s. 6*d.* for every case of midwifery they attend.

The days of attendance at the Dispensary are Tuesday, Thursday, and Saturday, from 9 to 10, a. m. On other days of the week, the doors are locked, and assistance on on any emergency, (such as an accident, an unexpected prescription from the physician, &c.) is only to be obtained at the house of the surgeon on duty.

XIX. Certain regulations for the government of the Dispensary have been issued from time to time ; but they have always remained in manuscript at the office of the Town Clerk. No printed code has been circulated among the officers for their guidance, arranged under distinct heads, as applicable to Governors, Treasurer, Medical Officers, &c., so that some orders may have been forgotten altogether ; while a laxity has crept into the execution of others, rendering new discussions and renewed entries necessary from time to time. I know of

no town of the size and note of Newark, laboring under a similar disadvantage. A copy of the orders were, indeed, directed to be affixed in the consultation room, but it has only been obeyed in part, as far as I know.

I have placed in a note the most important regulations affecting patients.\*

XX. The powers of the various officers, as Governor, Treasurer, Physician, Surgeon, &c. are no where defined in any document whatever. No other duty is assigned, in writing, to the Physician, than to ascertain the correctness of the druggist's bills. I ought however to have mentioned that a rule was passed at the general meeting of 1833, empowering, or rather permitting, the Physician to inspect and direct the Surgeon in the performance of his duties; but this in reality was an insufficient mode of treating this part of the general error, and accordingly failed.

XXI. No report has ever been presented to the Governors at quarterly or annual periods, (and through

\* That the proper objects of relief by this institution are the necessitous poor only, resident in Newark.

That patients, are to apply at the rooms at 9 a. m. on the proper days, if not capable of so doing, they are to be attended at their houses.

That none but parishioners be attended in cases of midwifery.

That *all* accidents be attended to *forthwith*.

That no capital operation be performed without previous consultation held.

That patients may be dismissed by the medical officer for irregularity of attendance or of conduct.

That servants are not to be attended at the houses of their employers.

That during attendance upon home patients, any one or more members of the same family may be prescribed for, without waiting for a fresh recommendation, but that the new name be inscribed on the books.

them, perhaps to the public) of the nature, causes, cure, relative frequency, &c. of the diseases occurring, nor of the occupation, sex, age of the person affected. This would form a most desirable record;—and I see that it is becoming a general practice to prepare them. All that has been effected hitherto at Newark has been, a barren list of the numbers, received, cured, relieved, dead, and remaining. Such is the present form of the Newark Dispensary.

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XXII. We have now arrived at the proper period for considering the means of remedying the defective condition of our Dispensary.

It is my maturely considered opinion, that the medical provision for the necessitous poor in Newark, will be injuriously defective, until we add to the present Establishment, just described, six most important desiderata, not as yet in our possession.

They are 1st. A separate house, containing a ward of 5 beds for accidents, operations, cases of fever, or contagious diseases.

2nd. A resident Surgeon, with duties as sketched in the appendix.

3rd. A general permission to subscribe—the subscribers having the privilege of recommending qualified patients from town or neighbourhood.

4th. A freer circulation of tickets.

5th. A correct distribution of duties among the medical officers.

6th. A printed code of regulations; including list of subscribers, &c.



XXIII. If the remodelled Institution fail in any one of these six particulars, although it will be of some service, it will fall far short of the just demands of the part of our population, working on low wages; and it is to be remembered that Society has its moral responsibilities, just as truly as individuals, and cannot neglect them with impunity.

XXIV. A well organised Dispensary in a town of the size of Newark, is a portion of the social machinery of prime necessity. Dr. Aikin, in his excellent treatise on Hospitals, (and he is supported by high and numerous authorities), declares that every town in England with a population of 10,000, and a tolerably well peopled neighbourhood, should be provided with a small hospital; with peculiar force therefore may we make our present less onerous demands.

XXV. We must be content, at present, with an hired house; and we are fortunate in the one just engaged: we have escaped from the narrow apartments under the Town-hall.

We ought to be ambitious of possessing an edifice purposely erected, to supply the necessities of the neighbourhood as well as our own.\*

\* There are very few houses placed in a line with others in a street, that are suitable for hospitals. Intercourse with persons from without should be impossible—to prevent the entrance of strangers,—the introduction of improper articles of diet, and for the maintenance of quiet and order. The upper rooms of ordinary dwellings are rarely of a size adapted for wards; and their arrangement is always defective. Hospitals, for various reasons, are always disagreeable neighbours—from the kind of inmates, as well as the occurrence, from time to time, of painful operations, and of post mortem examinations.

Liberality in the outfit and arrangements of an hospital is rigid economy.

The Dispensary house should be wholly appropriated to its own business. It should be within a walled space, a little removed from the ordinary stir of the town ; and yet be central.

Its ground floor should consist of waiting and consulting room, of surgery, kitchen, and offices ; while the first floor should be occupied by a large ward, two bed rooms, a store room, closets, water closet, and passage.

XXVI. The advantage of such an independent "locale" for the ready and satisfactory dispatch of business is obvious. What so conduces to the accurate performance of the delicate and important duties involved, as the possession of space, conveniences, and arrangement ?

XXVII. I perceive that the Dispensary house at Dover is exempt from taxes, on the ground of its being a charitable establishment : why should not this privilege be extended to Newark ?

XXVIII. Sixteen miles from the nearest Hospital, and twenty from any other, Newark is in urgent and loud-speaking need of a ward or two in her Dispensary ; of one ward at least, containing five beds. Five beds will accommodate forty patients through the year, allowing the usual average of six weeks to each case.

Our advocacy of the possession of such sick ward in this, the second town in the county, cannot be too pressing.

Nottinghamshire, with a population of 225,351 souls, yielding an annual sick list of 56,000 (besides children), has only one Hospital and two Dispensaries.

The Hospital has 111 beds, and is yet notoriously too small.

XXIX. I have no doubt but that many languish and die unobserved, in their distant homes, deterred from making application by the weekly paragraphs in the public papers announcing no room.

XXX. The necessities of this county demand a small infirmary at Newark and another at Worksop.

XXXI. Worksop (pop. 5,566) is still more remote from a public medical institution than Newark. Retford (pop. 4,600), Mansfield (pop. 9,426), Southwell (pop. 3,384), Bingham (pop. 1,738), Tuxford (pop. 1,113), imperatively call for Dispensaries. In the districts around each of these places, there is, I feel assured, a great mass of disease and poverty left neglected—and not the less deserving of relief because silent.

The diseased and hurt poor are directly benefitted by the proximity of a sick ward. They are at once put into possession of the vast curative advantages of an hospital: there need be, on their part, no fatal delay, no hesitation about distance. The agony, the injury, and the expence of a long journey, are spared—a journey which many cannot undertake at all, and so perish.

XXXII. It is a fact, proved by abundant experience, that hospitals are little used, comparatively speaking, by persons residing more than four or five miles from them. Among other reasons for this, in addition to those mentioned in paragraph XXXI, we may state, that the sick are ignorant of their usefulness, and are alarmed at going among strangers, and especially at being placed under new medical men.

By far the greater number of the beds are occupied by those who live within three miles. (See Phelan on medical charities.)

XXXIII. A ward, or small hospital, could be set on foot without infringing on the restrictions laid down by Magnus—by selling the tickets of admission, whether into the wards or to out-treatment.

A ward would be of immense benefit in case of severe accidents, burns, operations, in a visitation of typhus, cholera, &c. where it becomes expedient to remove the sufferers from their own inconvenient or filthy habitations.

XXXIV. Secondly, a resident medical officer (surgeon or apothecary) is a most important requisite towards the prosperity of a Dispensary.

He is the most efficient officer connected with the institution ; as is evident on looking over a sketch of his duties in the appendix, and yet we have been twenty years without one !

XXXV. There is a remarkable sameness of opinion all over England respecting the utility of a Resident Surgeon : all the towns that I know of are thus provided, even when their population is much below that of Newark (Ludlow, pop. 5,253), (Morpeth, pop. 6,856), (Windsor, pop. 5,650), (Darlington, Gainsborough, Rotherham, &c.)

XXXVI. With respect to the utility of this officer, it is firstly, *indispensible* that there should be on some fixed spot, a medical man paid (and therefore ready) to answer

all the sudden occasions of the necessitous poor, untrammelled by private practice. I refer to the occurrence of fractures, dislocations, ruptures, burns ; to the various urgent diseases of the bladder, bowels, heart, head, &c.

I am aware that the benevolent activity, which prevails in our profession, would prompt every member of it to render all possible assistance ; and of this spirit the medical men of Newark largely share ; but practically speaking, this is not enough. A town of 10,000 inhabitants can afford to give the poor man a medical attendant, exclusively his own—whose sole duty is to care for *him*—who cannot by any possibility put the rich and poor in competition :—such an officer is found in every German town of 3,000 souls.

XXXVI. Secondly, the medical resident is on the spot to compound prescriptions daily, or, on particular occasions, at a moment's notice. This is a point of inexpressible importance, and is worth the salary twice over.

Great are the sufferings and the danger of the patient (or the inconvenience of the practitioner) at Dispensaries where medicines are only made up three times a week, as at Newark—it is an error of great magnitude. Emergencies requiring instant relief by medicine frequently occur. No man can tell to day what will befall his patient during the next two days.

XXXVII. Although I have ever been persuaded that the Newark surgeons would gladly furnish the medicines from their own stores, or go and open the Dispensary, a street or two distant, on any unexpected occurrence, yet sooner than give this trouble, I have for several years

given a private order upon a druggist—and from no doubt of the willingness of my brother practitioners, but from a rightly conceived delicacy.

XXXVIII. Thirdly, the medical resident is usually expected to act as secretary and accountant, and so introduces regularity and economy into the transactions of the institution. His close inspection, together with the use of cheap formulæ, will materially reduce the expenditure in drugs.

XXXIX. This officer, for the protection of the existing practitioners, might be placed under a bond, never to practice any of the three branches of the healing art within seven miles of Newark. It will be incapable of evasion, as I am informed by high legal authority: no medical man will find a profit in residing at Newark in face of a bond of £500, for instance.

For the ordinary duties of a medical resident see the appendix. They may be varied according to place and circumstances.

XL. We now proceed to the third desideratum—a general permission to subscribe.

I imagine that I have already proved the correctness of my opinion that the tickets of admission have been too few at Newark—and by the number of 300. The principal cause of this has been the want of funds; there are, however, other reasons of less moment.

The remedy is most simple. Annual subscriptions and donations should be solicited, with certain privileges attached to them: for instance, the possession of six tickets for every guinea subscribed.

XLI. At present, the benevolent are shut out ; the patronage of the Dispensary is wholly in the hands of official persons, or of the representatives of individuals deceased, or the individuals themselves, who, twenty years ago, *perhaps*, gave a single subscription. Inasmuch as money is much wanted, there is positive absurdity in not receiving subscriptions.

We all know many anxious to subscribe, nay, who are displeased that they are not permitted to do so ; and this from a benevolent wish to oblige their neighbours and humble acquaintance.

It has been already mentioned that at the origin of the Dispensary a subscription was entered into, but was forthwith discontinued.

XLII. There is no pecuniary difficulty in the way of this charity being placed on a very efficient footing, either as affecting the town alone, or embracing the neighbourhood.

In the former case, £250 is about the annual income required : to make up this sum we have £150 from the Magnus charity,—£90 or £100 will be readily raised by subscription, and £20 more by congregational collections after sermons, every two years ; the last amount being reserved to form a fund for emergencies, or wear and tear.

Collections in churches and chapels afford opportunities to the less opulent to share in a good work.

The annual expenditure might be estimated as follows :

Medical Resident's salary . . . .	£100
Rent, taxes, coals, and candles	40
Medicines, trusses, leeches, &c.	90
Incidentals . . . . .	20
	<hr/>
	£250
	<hr/>

XLIII. The admission of subscribers would ensure an equable distribution of tickets through the different quarters of the town, so that the poor would not have far to seek them : it would be likely to place them in hands less strange to them ; and further, it would enlarge the number of persons interested in the welfare of the institution. At present, few but medical men come near the meetings.

The Church District Visiting Society, the Benevolent Society, the East Ward Benevolent Society, should be invited to purchase tickets ; as also perhaps, the different congregations in the town, for the use of their respective ministers.

XLIV. But it is ardently to be desired that the benefit of this useful form of charity should be extended to every creature,—who with a ticket, possesses the two unhappy qualifications, of sickness and poverty, no matter where he resides. Not to do so, is to refuse to do unmixed good ; no harm can possibly follow, social or individual ; it will not attract the indigent to Newark, seeing that they can be relieved without residence. Besides, now, various abuses in the management of the poor, which had the effect of driving them into towns, have ceased.



Within the area around Newark, embraced by a radius of  $7\frac{1}{2}$  miles, we have in a former part of this paper, stated that there are annually more than 7,000 cases of sickness.

One quarter, if not one third, of these should be treated at the Newark Dispensary. What a mass of pain and suffering is developed in this small neighbourhood, and in the small space of time we have thought proper to select !

Moreover, to refuse to extend Dispensary aid, *on payment*, to the vicinity, is to follow the exception, not the rule ; for the practice universally in England, in large towns and small, is to receive all—liable to rejection by the medical officer, on his own responsibility, or that of a committee, if found not to be one of the necessitous poor. To enumerate all the places thus judiciously liberal in the reception of either out or in-patients, would be to occupy a large space inconveniently : some will be found in a table in the appendix. I shall only name in this place, Windsor, Rotherham, Gainsborough, Tewksbury, Loughborough, Hertford, Litchfield, and Dover.

XLV. No undue interference with the proper destination of Magnus' Charity will occur, (it may be repeated) if parishes and individuals, residing out of Newark, purchase tickets for country distribution, as at Litchfield, Louth, Lincoln, &c. &c.

Patients from the neighbourhood are to be treated only at the Dispensary, not at their own homes.

XLVI. Subscribers should be cautious in the distribution of tickets. They are now and then, though not often, given away inconsiderately—they are only for the truly

necessitous poor ; for those whom sickness would degrade into pauperism.

Profusion in any of the elements of subsistence (and aid in sickness is one), acts as a bounty on improvidence. Medical men are commonly very liberal in their pecuniary transactions with the poor.

Dispensaries are subject to abuse. Persons in good circumstances avail themselves of them most improperly ; nay, people have been base enough to seek relief with feigned diseases, for the sake of selling the drugs, leeches, &c., they receive.

XLVII. The fourth requisite—a more enlarged distribution of tickets of admission—discussed in the second and succeeding paragraphs, needs no further illustration.

With respect to the fifth requisite—a correct distribution of duties among the medical officers—I shall at present only observe, that the introduction, into the management of the Dispensary, of a Medical Resident, will rectify the injurious anomaly, under this head, hitherto existing. The argument I had drawn up is therefore no longer necessary, and will be omitted.

XLVIII. The sixth desideratum consists of two parts : a printed code of laws, and a printed annual report.

The great utility of printed regulations for the guidance of officers, whose duties involve numerous minute, but important, particulars, is self-evident ; and I know of but three Dispensaries in England, who contrive to get through their business without one : of these three, that of Newark is one.

Its universality is a most powerful argument in its favor ; and if subscribers are to be introduced, with important privileges, as has been agreed upon, the code will be the more necessary : to indicate and define, as well those privileges, as the duties to be performed by the committees, treasurer, and officers generally.

Again, it is proper to lay before the public, by an annual report, the names of the subscribers to, and officers of, the institution for the coming year—the state of the finance of the past year and the number of patients treated—together with the results ; the whole premised by a few general observations arising out of the events of the period. Such a paper is in general use throughout England, and is circulated among the friends of the medical charities with the happiest effects : it should be composed by each medical officer in his turn.

XLIX. In the appendix will be found a tabular view of the management, expences, and results, of twenty-nine English Dispensaries, for the most part as established in small towns, with the view of comparison with our own.

A list of thirteen queries was sent to each institution : many more, and of great value, might have been proposed, but knowing the disappointments, that philanthropic Clergyman, the Rev. Chas. Oxenden, had met with, when seeking similar but more extended information respecting Infirmaries, I was fearful of receiving, in many instances, no answer whatever, if too much were asked.

I make, however, no such complaint ; but have to thank, most cordially, my several correspondents, not

only for early and explicit answers, but for ready offers of further assistance.

Many interesting particulars may be gleaned from the table their kindness has enabled me to form.

L. Table, No 2, is also valuable.

It exhibits to us at a glance the nature of the diseases treated at the Newark Dispensary for two years. (1834 and 1835), their relative frequency, and the results of the medical skill employed.

The smallness of the number of persons vaccinated will attract notice. If the statement in this table is to be taken as a true criterion of the state of vaccination in Nottinghamshire, it, in part, accounts for the extraordinary prevalence and fatality of the Small Pox in this County. But a still more serious mode in which the variolous infection is propagated, is the activity with which, at the present moment, perambulating inoculators canvas, if the expression be allowable, all the surrounding country places.

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## APPENDIX.

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I beg to protest against the attention thus bestowed on the common Dispensary, as in imperfect operation at Newark, being considered as an abandonment by me of the Self-supporting Institution of Mr. Smith, of Southam.

We sometimes do all the good we can, not all that we desire.

The medical as well as moral superiority of the new form of Dispensary over the old, is every day more and more widely acknowledged.

The London Medical Gazette, and the Saturday Magazine, have devoted their extensively circulated pages to its praise and illustration.

It has received the cautious, but finally, the enthusiastic sanction and support of all orders of society—of noblemen, clergy, magistrates, and merchants, and in an especial manner, of the operative classes, for whose benefit they are intended. As the Editor of the Saturday Magazine says, “They are based on the Gospel precept “of bearing one another’s burthens. Where they have been allowed “fair play, and have experienced that firm and cordial support “which is always requisite for the first establishment of any plan

“likely to affect existing interests, they have invariably been attended with excellent success. And we doubt whether it would be possible in the present day, to point out another plan better calculated, to promote the real and substantial interests of the laboring classes.”

The Self-supporting Dispensary is in successful operation in London and in many parts of England. Nearly the earliest, and up to this date one of the most flourishing, is that of Coventry. In 1832 it had 2,800 free members, in spite of the most determined and persevering opposition from the outset: the actual numbers on the books at this moment I am not acquainted with.

Burton-upon-Trent in Staffordshire, with a population of only 3,400, possesses an institution of this kind, which has 2,207 members, and a reserve fund of £100. It is giving the highest satisfaction both to rich and poor.

Now that the Poor Law Commissioners have taken it under their powerful protection, by recommending most earnestly, its adoption in every considerable village throughout England, its blessings will be shared, it is to be hoped, by the greater portion of our population.

Mr. Smith has the undoubted merit of framing and establishing this admirable scheme for the relief of the laboring classes of Britain. At Prague, however, in Bohemia, a Self-supporting Dispensary was set on foot in 1795. It was called “The Health Assurance Bank for the Poor.” It is described by Dr. Melitch in a pamphlet printed at Prague, and which is enumerated in a valuable account of German works on Charitable Institutions by Dr. Friedlander.\*

\* Dr. Friedlander was a few years ago sent through the whole of Germany, by the Baron Delessert, for the purpose of buying all the books he could find on these subjects.

The Baron is a most zealous and enlightened Philanthropist, who spends a large fortune in developing the principles and practice of benevolence. His library at Paris is on a large scale and very accessible.

## REGULATIONS AFFECTING THE RESIDENT MEDICAL OFFICER.

The Resident Medical Officer must be a member of the London College of Surgeons and a licentiate of Apothecary's Hall. (To be departed from if thought proper.)

He is to reside in the house, to receive the tickets of recommendation from the subscribers, and transmit them to the Physicians and Surgeons.

He shall be careful of everything appertaining to the Dispensary, that nothing be wasted or embezzled ; and that the apartments are always kept in order—fit for the reception of the Committee or Officers.

He shall keep up the stock of drugs, see that they are of good quality, and shall enter in a book all orders for drugs—all orders being signed by one of the medical officers prior to their being given to the Druggist.

He shall give notice to each subscriber, when a patient admitted on his recommendation, is discharged, by giving the patient a letter of thanks, to be delivered to the subscriber.

He is to attend in the surgery to dispense medicines from 9 to 10 every morning ; giving written directions how they are to be taken : but he is not to dispense medicines at other times, excepting such prescriptions as are especially marked to be immediately made up, and are dated with the hour at which they are given by the prescribing Medical Officer ; and except, also, in cases of emergency : such are contemplated in the following clause.

He is at all hours, excepting those appointed for dispensing medicines, to attend to the patients whose cases may require immediate care, and to transfer such patients to the Medical Officer, to whose department they belong, at his next attendance.

He is to visit *home* patients, and prescribe for them as ordered by the Physicians and Surgeons, reporting to them so that they may visit if needful.

He is to be on the premises at all meetings of the **Governors** and **Committees**.

He shall not deliver medicines after the period of ten days from the time each patient was last seen by the Physician and Surgeon, without a renewal of the prescription.

He shall always report to the **Committee** whenever he visits any patients, if from the appearance of the house, or any other cause, he thinks such patient able to pay for medicine and advice.

He will perform the functions of accountant and secretary.

He shall give and take three months' notice on leaving his situation of Medical Resident, or he shall receive (at the option of the **Managing Committee**) three months' salary.

He shall be placed under bond of £500, never to reside as a medical practitioner within seven miles of Newark.

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The statement in paragraph III, that nearly one half of the population of England is annually sick, is more than borne out by the Report of the Burton-upon-Trent Self-supporting Dispensary, for the year 1835. The total number of members (men, women, and children) was 2,207, and the sick attended were 1,131.



PREPARING FOR THE PRESS,  
AND IN A CONSIDERABLE STATE OF ADVANCEMENT,  
**A TREATISE**  
ON THE  
PATHOLOGY AND TREATMENT  
OF  
**DISEASES OF THE LIVER,**  
SPLEEN, AND PANCREAS ;  
**BY JOHN J. BIGSBY, M.D. F.L.S.**  
SENIOR PHYSICIAN TO THE NEWARK DISPENSARY.

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S. and C. Ridge, Printers, Newark.

(No. 1.) A Tabular view of the Management and Results of 29 English Dispensaries, established chiefly in small Towns,

FROM CORRESPONDENCE IN FEBRUARY, 1856.

Towns.	Hertford and Hemsteddles pop. 2,253	Leeds, pop. 4,636	Marple, pop. 4,636	Dunston, pop. 14,061	Widnes, pop. 5,249	Yorkshire, pop. 5,249	Kingston on Thames, pop. 5,249	Cokerthorpe, pop. 4,636	Litchfield, pop. 4,636	Grimsby, pop. 4,636	Leeds, pop. 4,636	Roborough, pop. 3,114	Darlington, pop. 4,254	Newark, pop. 5,777	Longthorpe, pop. 16,648	Repton, pop. 11,357	Dover, pop. 11,357	Lincoln, pop. 12,634	King's Lynn, pop. 11,357	Reading, pop. 11,357	Leamington, pop. 11,357	Wigan, pop. 26,774	Lincoln, pop. 27,943	Marblehead, pop. 35,139	Bradford, pop. 43,557	Sittingbourne, pop. 16,648	Warrington, pop. 47,314	Horsham, pop. 3,566	Widnes, pop. 17,157			
Date of Establish- ment.	Disp. 1822 Re-establd. 1828		1817	1792	1818	1815	1818	1796	1781	1825	1803	1806	1809	1813	1810	1775	1828	1826	1813	1802	1797	1793	1813	1814	1825	1831	1821	1795	1831			
Home, &c. built purpose.	built purpose	hired	hired	detached office	built in 1834	hired	business done in a Serge's house	no home	hired	purchased	built in 1834	two rooms	hired	hired	built purpose	hired, pays no taxes,	hired	bought	bought	infirmary building	built purpose	hired	bought for £1,000	built purpose	hired	built purpose	built purpose	10	none	22		
No. of Beds.	35	none	none	none	none, will have none	none	none	none	none	none	none	none	none	none	3 beds	none	will soon have beds	none	30	none	none	none	12	none	12	none	10	none	10	22		
No. of Physicians and Surgeons.	1 P. 3 S.	2 P. 3 S.	1 P. 4 S.	2 P. 4 S.	1 P. 3 S.	2 S.	1 P. 2 S.		1 P. 2 S. electd ass.	1 P. 4 S.	2 P. 1 S.	2 P. 4 S.	1 P. 1 S.	3 P. 7 S.	1 P. 2 S.	1 P. 4 S.	1 P. 6 S.	2 P. 5 S.	1 P.	2 P. 8 S.	3 P. 3 S.	2 P. 4 S. electd 2 Drs.	6 P. 6 S.	2 P. 3 S.	2 P. 3 S.	2 P. 4 S.	2 P. 2 S.	2 P.	1 cont 101			
Are the P. and S. Members of the Managing Commit.	yes	no	yes	yes	yes ex officio	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	Physician only	yes	yes	only one	eligible	yes, but has no vote	no	no	yes	eligible	yes	yes	yes	yes	yes		
Annual Salary of Medical Resident.	£80 per an- num	£30 5s. Dispenser	£70	£110	£100	Apothecary paid 1s. each case	no Med. Res. £50 no Resident	Apothecary, salary not stated	£100	no M. R. but a Dispenser, £50	£105	no Resident, Surgeon, paid £60	no Resident, Surgeon, paid £60	no Resident, Surgeon, paid £60	£100	£50	£70 with extra	£100	£105	£117	£00	£112	£100 (half-year)	£100	£100	£100	£100	£100	£100	£100	Dispenser, £30	
Do the benefits ex- tend to the Neigh- bouring Villages.	no restrict- ion as to home Pat.	yes attending at Dispensary	yes attending at Dispensary	do	do	do	do	do	do	Town only	yes, to out- Patients	no Resident, Residents in the Parish only	no Resident, Residents in the Town only	yes attending at Dispensary	do	do	do	do	do	do	do	do	do	do	do	do	do	do	do	do	do	
Ann. No. of Patients (average of 3 years)	583	375*	374*	1561	2389	413*	110	350	800	632*	300	614	200	about 600	924*	2455	400*	1200	1590 excl- sive of sick in Workhouse	800	200	2531	4180	2074*	2164*	3600	548	200 In- out-p.	548	200 In- out-p.		
Ann. Cost in Drugs Leaches, &c.	118s. 6s. 0d.	total cost 147s.	20s. 15s.	272s. 15s. 1d.	130s.	73s. 10s. 2d.	6s. 10s.	25s.	50s.	45s.	20s. 8s.	113s. 7s. 11d.	60s.	60s. 0s. 0d.	135s.	94s.	36s. 6s. 5d.	total expen- diture, 1834 231s. 11s. 11d.	total expenditure 800s.	60s.	30s.	550s.	680s.	total annual cost 258s. 17s. 3d.	217s.	104s. 11s. 4d.	60s. 10s.	104s. 11s. 4d.	60s. 10s.	104s. 11s. 4d.		
Annual cost in Salary, Rent, In- cidental.	104s.			91s. 6s. 4d.	174s. 1s. 4d.	280s.	42s. 13s.	36s.	35s.	90s.	133s. 10s.	75s. 19s. 4d.	151s. 8s. 7d.	61s. 5s. 9d.	5s. 4d. 1/2	5s. 4d. 1/2	no data	no data	1s. 7d. 1/2	6s. 5s. 1/2	4s. 2s.	4s.	4s. 3d.	9s. 6d.	2s. 11d.	3s. 6d. 1/2	2s. 4d.	6s. 3d.	no data	no data		
Average of each P. ann. value.	4s. 4d.	7s. 8d.	4s. 2d. 1/2	5s. 8d. 1/2	4s. 1d.	5s. 2d. 1/2	7s. 8d. 1/2	2s. 10s. 1/2	3s. 3d.	5s. 4s. 1/2	6s. 2d.	8s. 3s. 1/2	8s. 4s. 1/2	5s. 4d. 1/2	5s. 4d. 1/2	no data	no data	1s. 7d. 1/2	6s. 5s. 1/2	4s. 2s.	4s.	4s. 3d.	9s. 6d.	2s. 11d.	3s. 6d. 1/2	2s. 4d.	6s. 3d.	no data	no data			
Sources of Income.	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	ann. value, Donations, Funds	
Days of attend.	M. W. F.	M. W. F.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	T. S.	
Remarks.	tickets sold at 6s. 6d. each, or 10s. for two.			in debt, 23,600 treated since establish- ment.		two surgeons paid		medical officer paid		in the No. of patients, 110 cases of foli- wifery not included				expense of in-patients not included in average cost of patients		no printed code of laws																

\* This sign placed over the number of patients admitted, shows that they are on the increase.



## DISEASES TREATED IN NEWARK DISPENSARY,

*In the Years 1834 and 1835.*

DISEASES.	1834	1835	DISEASES.	1834	1835	DISEASES.	1834	1835
Febris comm. c. ...	41	36	Enteritis .....	2	2	Glandr swellings..	3	0
Typhus .....	15	0	Diarrhea .....	17	23	Absorbents inflam.	1	1
Febris remitt. ....	1	0	Cholera, English	10	0	Morbus coxar: ..	0	4
—— interm. ....	1	2	Hernia .....	8	6	Tumor on clavicle	0	1
Cynanche tons. ...	4	4	Constipatio .....	12	4	—— on side ..	0	1
—— laryng ...	0	3	Colica pictonum...	0	2	Syphilis .....	2	0
—— trachealis	0	0	Tympanites .....	0	1	Debility .....	3	2
Bronchitis chr. ...	1	1	Hæmorrhoids .....	5	2	Spine diseased ..	1	0
Pertussis .....	0	6	Hepatitis .....	11	2	Effusn. under scalp.	1	0
Pneumonia .....	7	7	Icterus .....	1	1	Enlargement of		
Pleuritis .....	4	4	Tumid liver .....	0	1	pectoral muscles	1	0
Catarrhus.....	28	19	Nephritis .....	1	1	Inflamed joints ..	14	6
Pulmonic affection			Lithiasis .....	0	2	—— penis ....	1	0
chronic	11	15	Ischuria .....	2	0	Sprain .....	0	1
Influenza .....	2	0	Hematuria .....	0	1	Contusions .....	19	28
Hæmoptysis .....	3	2	Urine, retention of	0	2	Fractures .....	19	9
Phthisis .....	7	8	Chr. dis. of bladder	1	0	Dislocations ....	1	1
Vomica .....	0	1	Purpura .....	0	1	Wounds .....	7	5
Hydro thorax .....	1	1	Urticaria .....	1	1	Scalds .....	4	2
Asthma .....	4	3	Porrigo .....	4	3	Burns .....	6	6
Heart affect. of ...	0	2	Impetigo .....	1	0	Ulcers of leg ....	27	35
Phrenitis chr. ....	1	0	Psora .....	2	2	—— other parts	1	5
Cephalalgia .....	1	1	Psoriasis .....	1	1	Midwifery cases ..	39	54
Apoplexia .....	1	1	Rubeola .....	0	1	Vaccination ....	30	67
Paralysis .....	1	1	Scarlatina .....	7	5	20 buttons swal-		
Paraphlegia.....	2	0	Variola.....	1	0	lowed	0	1
Hysteria .....	0	2	Erysipelas .....	2	4	Remained on books	53	28
Chorea.....	0	1	Intertrigo .....	0	1	Admitted .....	522	593
Convulsions.....	0	1	Scorbutus .....	1	0	Total treated ....	575	621
Epilepsia .....	2	4	Cutaneous affect.,					
Neuralgia .....	1	0	(not named)	3	8			
Hydrocephalus ...	2	3	Abscess of trunk &					
Dentition.....	1	0	limbs	4	11	Cured .....	402	339
Ophthalmia .....	4	2	Abscess of œsophag	1	0	Relieved .....	42	60
—— strumosa	3	0	Bronchocele .....	2	0	Died.....	32	28
Iritis .....	0	1	Mamma diseased...	0	4	Vaccinated .....	30	67
Rheumatism, acute	0	2	Amenorrhœa .....	5	6	Midwifery cases ..	39	54
——, chro-			Dysmenorrhœa ...	2	4	Remained .....	30	35
nic	13	16	Menorrhagia .....	8	7			
Sciatica .....	3	3	Cancer uteri ...	0	1			
Ulcerated throat...	0	2	Prolapsus uteri ...	1	1			
Strictured œsophag	2	0	Labia pudend. en-					
Contused stomach	0	1	larged	1	0	Average number of		
Hemetemesis .....	0	1	Physconia .....	0	4	days each patient		
Vermes .....	0	1	Gout .....	1	0	is on the books	43,6	42,7
Dyspepsia .....	29	56	Plethora .....	2	0	Cases for Physcns.	391	382
Gastrodynia.....	3	0	Scrophula .....	4	4	—— Surgeons	184	239
Spasm .....	4	4	Mesent: Gland disd.	4	3			

DISEASES TREATED IN NEWARK DISPENSARY.

In the Years 1891 and 1892.

DISEASES	1891		1892		DISEASES
	No.	Per Cent.	No.	Per Cent.	
Smallpox	4	100	4	100	Smallpox
Scarlet fever	4	100	4	100	Scarlet fever
Diphtheria	4	100	4	100	Diphtheria
Whooping cough	4	100	4	100	Whooping cough
Measles	4	100	4	100	Measles
Chickenpox	4	100	4	100	Chickenpox
German measles	4	100	4	100	German measles
Acute tonsillitis	4	100	4	100	Acute tonsillitis
Chronic tonsillitis	4	100	4	100	Chronic tonsillitis
Acute pharyngitis	4	100	4	100	Acute pharyngitis
Chronic pharyngitis	4	100	4	100	Chronic pharyngitis
Acute laryngitis	4	100	4	100	Acute laryngitis
Chronic laryngitis	4	100	4	100	Chronic laryngitis
Acute bronchitis	4	100	4	100	Acute bronchitis
Chronic bronchitis	4	100	4	100	Chronic bronchitis
Acute pneumonia	4	100	4	100	Acute pneumonia
Chronic pneumonia	4	100	4	100	Chronic pneumonia
Acute pleurisy	4	100	4	100	Acute pleurisy
Chronic pleurisy	4	100	4	100	Chronic pleurisy
Acute peritonitis	4	100	4	100	Acute peritonitis
Chronic peritonitis	4	100	4	100	Chronic peritonitis
Acute meningitis	4	100	4	100	Acute meningitis
Chronic meningitis	4	100	4	100	Chronic meningitis
Acute encephalitis	4	100	4	100	Acute encephalitis
Chronic encephalitis	4	100	4	100	Chronic encephalitis
Acute poliomyelitis	4	100	4	100	Acute poliomyelitis
Chronic poliomyelitis	4	100	4	100	Chronic poliomyelitis
Acute myelitis	4	100	4	100	Acute myelitis
Chronic myelitis	4	100	4	100	Chronic myelitis
Acute neuritis	4	100	4	100	Acute neuritis
Chronic neuritis	4	100	4	100	Chronic neuritis
Acute optic neuritis	4	100	4	100	Acute optic neuritis
Chronic optic neuritis	4	100	4	100	Chronic optic neuritis
Acute otitis media	4	100	4	100	Acute otitis media
Chronic otitis media	4	100	4	100	Chronic otitis media
Acute otitis externa	4	100	4	100	Acute otitis externa
Chronic otitis externa	4	100	4	100	Chronic otitis externa
Acute mastoiditis	4	100	4	100	Acute mastoiditis
Chronic mastoiditis	4	100	4	100	Chronic mastoiditis
Acute sinusitis	4	100	4	100	Acute sinusitis
Chronic sinusitis	4	100	4	100	Chronic sinusitis
Acute rhinitis	4	100	4	100	Acute rhinitis
Chronic rhinitis	4	100	4	100	Chronic rhinitis
Acute conjunctivitis	4	100	4	100	Acute conjunctivitis
Chronic conjunctivitis	4	100	4	100	Chronic conjunctivitis
Acute keratitis	4	100	4	100	Acute keratitis
Chronic keratitis	4	100	4	100	Chronic keratitis
Acute iridocyclitis	4	100	4	100	Acute iridocyclitis
Chronic iridocyclitis	4	100	4	100	Chronic iridocyclitis
Acute glaucoma	4	100	4	100	Acute glaucoma
Chronic glaucoma	4	100	4	100	Chronic glaucoma
Acute cataract	4	100	4	100	Acute cataract
Chronic cataract	4	100	4	100	Chronic cataract
Acute strabismus	4	100	4	100	Acute strabismus
Chronic strabismus	4	100	4	100	Chronic strabismus
Acute amblyopia	4	100	4	100	Acute amblyopia
Chronic amblyopia	4	100	4	100	Chronic amblyopia
Acute myopia	4	100	4	100	Acute myopia
Chronic myopia	4	100	4	100	Chronic myopia
Acute hyperopia	4	100	4	100	Acute hyperopia
Chronic hyperopia	4	100	4	100	Chronic hyperopia
Acute astigmatism	4	100	4	100	Acute astigmatism
Chronic astigmatism	4	100	4	100	Chronic astigmatism
Acute presbyopia	4	100	4	100	Acute presbyopia
Chronic presbyopia	4	100	4	100	Chronic presbyopia
Acute strabismic amblyopia	4	100	4	100	Acute strabismic amblyopia
Chronic strabismic amblyopia	4	100	4	100	Chronic strabismic amblyopia
Acute strabismic amblyopia	4	100	4	100	Acute strabismic amblyopia
Chronic strabismic amblyopia	4	100	4	100	Chronic strabismic amblyopia

