

Our medical charities : an address delivered at the annual meeting of the Birmingham and Midland Counties Branch of the British Medical Association, June 26th, 1877 / by Sampson Gamgee.

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OUR MEDICAL CHARITIES:

AN ADDRESS

DELIVERED AT THE

Annual Meeting of the Birmingham and Midland Counties
Branch of the British Medical Association

JUNE 26TH, 1877.

BY

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SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

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

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

OUR MEDICAL CHARITIES.

GENTLEMEN,

I very deeply feel the honour you have conferred on me, and the confidence you have reposed in me, in electing me your President. I am no less conscious of weighty responsibility in endeavouring to discharge the first duty of this office, in the delivery of the Annual Address.

The presence of the representatives of the press at these yearly gatherings, while contributing very materially to their dignity, and widening the scope of their usefulness, adds to your President's responsibility. It is a valuable privilege to have an opportunity of influencing public opinion, on subjects which possess more than a technical or strictly professional interest; but the duty is a delicate and onerous one, of having to speak on behalf of a Society which, like this Branch of the British Medical Association, consists of 336 members, and, with scarcely an exception, includes all the leaders in the profession in Birmingham and the surrounding district.

My predecessors in this Chair have acquitted themselves with so much ability and discretion, and have addressed you on such a variety of subjects, that it is no easy matter to select a fresh one, and to treat it in a manner worthy of the occasion and of you.

So broad is our science, so rich in lessons is our practice, so fertile and ennobling is the history of our great profession, that it would be possible to choose more than one theme for an hour's discourse, which might possess general interest, and admit of treatment on broad principles, without the trouble and risk of treading the rugged path of controversy. The selection of a neutral or conventional topic, and the dealing in bland generalities, would have this amongst other considerations to recommend it; that as these annual gatherings, after the transaction of necessary business, are festive in their scope, it is more natural, and far less troublesome, to be convivial than to be thoughtful.

So unremitting is our work that it is pleasant to forget the hum and grind of the mill, and to enjoy the greeting of old friends and making new ones, to cement and multiply those moral bonds which make us better and happier men. I would not yield to the youngest amongst you in love for a hearty laugh. I am looking forward to our annual dinner with equally keen

appetite for the good things which our host has provided, and for the good jokes and stories which you older practitioners have brought with you. While I wish you all welcome and good cheer, I trust you may have no reason to find fault with me, for laying before you some ante-prandial provisions, which may be neither unpleasant nor unprofitable material for rumination, after the viands of the day shall have been assimilated and disposed of.

You cannot have failed to notice that in all parts of the kingdom the subject of Medical Charities has, during the last few years, attracted a large and increasing share of public attention. It has been elaborately treated in leading serials of such diverse political tendencies as the *Quarterly* and the *Westminster Reviews*, while many of the leaders of our profession, and social reformers outside its pale, have contributed much valuable material to the discussion. They all concur in the necessity of instituting a thorough investigation into the administration of gratuitous medical relief, with a view to check its widely spread abuse. That concurrent testimony goes far to justify the representations, so often made by the great body of Medical Practitioners, against the social and professional evils of indiscriminate charity ; but as to their precise extent, and the best means of dealing with them, it is only natural to suppose that opinions do not approach so nearly to unanimity.

In our midst has risen up a small body of very active men, who, admitting the existence of great abuses in our Medical Charities, say in effect to the Members of our Profession ? "Attend to your practice and leave administration to us. It is a business matter, you are not business men, we are."

History shows that most of our Medical Charities were founded by members of our profession ; to wit, the General Hospital, by Dr. Ash ; the Queen's, by Mr. Sands Cox ; the Eye Hospital, by Mr. Hodgson. As unpaid officers, the members of our profession contribute more than any other class of the community to the support of our Hospitals and Dispensaries ; and proportionately suffer from any administrative abuses which may exist in them. The advocates of the free system are well satisfied of its superiority ; while others contend that it is pauperising and demoralising the community with progressive speed. In this conflict of opinion, without pinning our faith to either side, we have a right to examine the whole question thoroughly, with the sole object of ascertaining the truth, and securing the general welfare with which the honour and well-being of our profession are inseparably identified.

The urgent need of the moment, and one which we may reasonably hope to do something towards supplying, is accurate knowledge of facts in particular Institutions in different localities.

Accordingly it is to the Medical Charities of Birmingham that I shall address myself, and more especially to their work during a period of ten years, from 1867 to 1876, inclusive.

In analyzing the reports of these Institutions, with a view to determine the number of persons relieved by them, the great total is subject to reduction under various heads. It is probable that the same patients figure more than once in the returns, having attended more than one Charity in each year. Some may have been counted twice in the same Institution, first as out-patients and afterwards as in-patients. A certain number of the applicants doubtlessly come from our widely spread suburbs, and from the neighbouring towns and country districts; a number which has tended to decrease with the foundation and enlargement of hospitals at Dudley, Walsall, West Bromwich, and Wolverhampton, which are all within 15 miles radius from our central post office. We have no means for accurately estimating these sources of fallacy in the local returns; but it is quite certain they do not vitiate the comparison for the ten years, as they have always been in operation. The number of persons attending the Birmingham Medical Charities was—

In 1867	...	...	...	66,671
In 1876	...	...	...	104,048

showing an increase of 37,377, equal to 56 per cent.*

Reckoning the population of the Borough of Birmingham for 1867 at 325,895, one person in every five in that year obtained relief from our Medical Charities; whereas the proportion rose to

* These totals are gathered from the reports of all the Medical Charities which participate in the benefits of the Hospital Sunday and Hospital Saturday funds, thus :—

		1867		1876
General Hospital	...	21,818	...	27,444
Queen's Hospital	...	11,490	...	17,079
General Dispensary	...	6,841	...	17,848
Eye Hospital	...	7,393	...	9,669
Children's Hospital	...	10,066	...	15,220
Women's Hospital	...	1,145	...	2,078
Lying-in Charity	...	1,016	...	898
Homœopathic Hospital	...	2,400	...	3,506
Orthopœdic Hospital...	...	558	...	706
Ear and Throat Infirmary	...	1,822	...	5,600
Dental Hospital	...	2,783	...	4,000
		<hr/>		<hr/>
		67,332	...	104,048

The Women's Hospital returns refer to different institutions in 1867 and 1876, but the figures are correct for comparison. In 1867 Diseases of Women and Lying-in cases were both attended at the Broad Street Institution (now the Children's Hospital). At present the Hospital for women is in the Crescent, and is independent of the Lying-in Charity, the offices of which are at 7, Newhall Street. The return of the Homœopathic Hospital is exact for 1876, but in consequence of an alteration in the manner of keeping the records of the Institution, the figures for 1867 are only approximate.

one in 3.5 in 1876, when the population was 371,839. In the ten years, the Borough population increased 13.8 per cent., and the number of persons relieved at the Medical Charities increased 56 per cent. In other words, in the past ten years the recipients of Medical Charity in Birmingham have increased more than four times as fast as the general population of the Borough.

During some of the ten years under review, trade generally was depressed; in some branches it was so to an almost unprecedented degree; but several of the ten years included in this enquiry, notably that of the Franco-German War, and the three or four years immediately succeeding it, were a time of almost unexampled prosperity. The fact is, it matters little for our hospitals whether trade be good or bad. In all more or less, in some in a very marked degree, the number of patients goes on increasing; and each annual report congratulates the Governors and Subscribers, on the charity having been attended by so many more persons than the preceding year.

Throughout the same decade (1867-1876) the wealth of Birmingham has gone on increasing to an unparalleled extent. Palatial structures are everywhere rising in our principal streets, millions have been spent in the purchase of gas and water works, and the Corporation has already purchased close upon £1,000,000 sterling worth of property, in entering upon the great scheme under the Artisans' Dwellings Act. In proof that the increase of wealth has been substantial throughout the community, a few figures, gathered from most trustworthy sources, will be sufficient. The rateable value of property in the Borough of Birmingham has risen from

£1,014,037 in 1867,
to £1,306,595 in 1876,

an increase of £292,558. equal to 28.8 per cent. in the ten years. Still more remarkable is the increase in the value of property within the Borough, assessed under Schedule D of the Income Tax. It amounted to

£2,136,000 in 1867,
£4,224,000 in 1876,

very nearly 100 per cent. increase. Our Post Office Savings Bank received

£166,337 in 1867,
£279,681 in 1876,

being an increase of £113,344, over 68 per cent.; while in the No. 1 Building Society, which chiefly consists of working men, the assets were in

1867	£88,302	18	0
1876	£163,972	7	11

Increase	...	£75,669	9	11	or 85.7 per cent.
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These figures prove two facts :—a rapid increase in the number of persons obtaining medical charity ; a rapid increase in the wealth of all classes of this community.

Is it to be understood that with the immense augmentation of wealth, the number of the population entitled to gratuitous medical relief has gone on increasing in a progressive ratio ? In other words, that as wealth increases so do beggars ? The answer to this question must be in the negative, so far as we can judge from the official returns of local pauperism. Here is the return for the Parish of Birmingham for the week ending 28th December, 1867, and for the corresponding week of 1876 :—

	1867.	1876.
Total number in Workhouse	2,195	2,111
„ Infirmary at ditto	654	848
„ receiving out-door relief	7,965	4,898
„ out-door medical relief	628	530
	<hr/> 11,442	<hr/> 8,387

showing a decrease of 3,055, equal to 36.4 per cent. in 1876 as compared with 1867. In estimating these figures a variety of circumstances have to be considered. 1867, the year which followed Black Friday, was an exceptionally bad one for trade, and that must have tended to swell the pauper returns. On the other hand, 1876 was not a good year, and the increase of population, other things being equal, would entail some increase in the total of pauperism ; yet the decrease is very material.

Contrasting the decrease in the parish returns, the general augmentation in the wealth of this community, and the immense increase in the number of persons obtaining gratuitous medical aid at our hospitals and dispensaries, in 1876 as compared with 1867, it appears that in 1876 many thousand persons more than in 1867 sought and obtained gratuitous medical relief, who did not deserve it. Such a state of things suggests a fraud,—1stly, on the benevolent who furnish funds for the support of medical charities, in the confident belief that their ministrations are confined to worthy recipients ; 2ndly, on the members of our profession who give their services to hospitals without payment ; and 3rdly., upon the great body of medical and surgical practitioners, who are prepared to render their services on equitable terms of remuneration, according to the position in life, and the means, of those who seek their aid.

Reference has already been made to the disciples of a new school of Hospital administrators, who, admitting the reality of hospital abuses, maintain that their chief source is the recommendation of improper objects of relief by governors and

subscribers; and that the remedy for the evil is furnished by the *free* admission of patients.

So confident are the advocates of this system of its intrinsic merits, that they are predicting its speedy adoption by the oldest, the largest, and the wealthiest of our local hospitals, which is administered on the principle of giving certain powers of recommendation of patients to governors and subscribers, and of free admission of all urgent and deserving cases. The illusion was dispelled at the recent annual meeting of the General Hospital, which was presided over by Mr. Jaffray, a gentleman personally known to many of you, by repute to all, as occupying a leading position in the very front rank of local public men and commercial authorities.

He spoke in no doubtful terms: "After very carefully thinking out the whole question, after mature experience of the operation of the Hospital, and after considering its constitution, constituency, and all the circumstances attending it, he believed no system was more adapted to carry out the advantages it was designed to afford, than that system of freedom combined with ticket privileges. He therefore recommended to the next Committee the propriety of leaving things as they were."*

Another of our Medical Charities, which enjoys a wide reputation, alike for the practical wisdom and proved success of its business administration, and for the ability and repute of its surgical staff, is the Eye Hospital in Temple Row. There the subscribers are entitled to notes of recommendation, and free cases are admitted according to their urgency in the opinion of the surgeons, on a scale regulated by the financial resources of the charity.

Others of our medical charities are conducted on the same principles; while the Queen's, the Women's, and the Children's are free, with the material qualification that the patients have to pay a fee on admission. This fee is called a registration fee, and is designed to operate as a check on the rapid increase of patients, and as a subsidy to the funds.

If the Free System, with the registration fee, really possess the advantages which its advocates claim for it, it should be generally adopted; and the sooner the better. If on the other hand its benefits be illusory or theoretical, and counterbalanced by practical disadvantages, the truth deserves to be known and to be acted upon.

It was in 1861 that the Birmingham and Midland Hospital for

* Mr. Jaffray's Speech at the Annual Meeting of Governors of the General Hospital, reported in the *Birmingham Daily Post*, Feb. 2, 1877.

Sick Children was established on the free principle ; and the experience of its first ten years' working is given in a supplementary report of the Managing Committee for 1871, with such detailed fulness and unreserved candour as to make the document one of exceptional value.* It contains a very full admission that from its first introduction at the Children's Hospital, the free system tended to become unworkable, and a source of embarrassment to the Charity, in consequence of the rapidly increasing numbers attending the out-patient rooms. One expedient after another had failed to check that increase, and as a last resort the Committee required 6d. to be paid for each child on admission. For a short time the check was effectual. From 1867 to 1870 inclusive, the number of out-patients at the Children's Hospital each year was 9,500, 11,423, 12,967, 14,059. In 1871, with the institution of the 6d. registration fee, the numbers fell at once to 10,989, and to 9,573 in the following year (1872). The respite was brief. The numbers rose again to 10,973 ; and so soon as the 13th of October, 1873, the Committee instituted a further fee of 6d. each child, to be paid from time to time as a renewal of the note. In spite of this repeated check the numbers

* On the establishment of the Hospital it was determined that the patients should be admitted free, *i. e.*, without the recommendation of a subscriber being necessary. It was thought needful that sick children should have advice and medicine as soon as possible—that those who were without friends among the subscribers should not be debarred from the benefits of the Charity—and that those who could obtain a subscriber's ticket should not be necessarily admitted to relief, unless in other respects they were fit recipients of it. It was, however, thought proper to insist on a note being brought by the applicant from a householder, subscriber or otherwise, in order that a guarantee should be obtained that the applicant was a fit object of hospital relief.

This guarantee broke down immediately, for persons of every class in the immediate neighbourhood of the Hospital signed the notes for any one who presented them. It was then determined that the Secretary should give out the notes daily, after instituting certain inquiries, with the view to determine whether the parents of the sick child were fairly to be considered fit objects of public charity, in the two-fold aspect of their earnings and their relations to parochial relief. This plan has been in operation for more than seven years.

The great increase of the Out-patients, even near the first formation of the Institution, was attempted to be met by the appointment of a Dispenser ; then of a Porter ; then by the limitation of the tickets issued to thirty per diem ; then by an extension of the staff from four to six members ; then by the building of a great department exclusively allotted to Out-patients. But the result of all has been that the Out-patient department is growing beyond the power of the staff to prescribe for, beyond the capacity of the waiting-hall to hold with safety, beyond the strength of the Dispenser to deal with, or of the Porter to keep in order ; finally, beyond the revenue of the Charity.

The limitation of the tickets to thirty was soon given up, for the natural result was that they fell to the lot of the strongest and rudest, and to those who lived close to the doors of the Hospital. A patient coming from a distance of twenty miles, the fittest of all the applicants to receive aid on a

increased to 12,084 in 1874, and to 14,480 and 14,772 the two succeeding years, the increase still going on.

The experience at the Birmingham and Midland Hospital for Women, though on a smaller scale, is substantially the same. This Institution was opened in October, 1871, and in the very first report, presented the succeeding March, we find it stated (p. 14.)

"Considering the extremely rapid increase of the number of out-patients' applications, the Board have to point out that already the accommodation for this department is quite inadequate, and that ere long the overcrowding of the waiting rooms must tell on the health of the in-patients."

In the second report it is stated that, "Towards the middle of last year the number of applications had increased so much as to become unmanageable, and to meet this difficulty a shilling registration fee was imposed on each patient at her first visit." The immediate effect was that the out-patients decreased; but the respite was brief; and in spite of another shilling fee being required from time to time, the out-patients have exhibited a steady tendency to increase, only limited by the extent of the accommodation.

particular day, might happen to be the thirty-first in order of application, and no doubt frequently was in this predicament. It was thought better to run other risks than to maintain so rude a limitation as this.

From this moment no attempt at limitation has existed, besides those which spring from the closure of the doors at three p.m., and from the results of the inquiries of the Secretary. It is a fact that, in spite of these limiting circumstances, the Out-patients numbered 14,000 last year, and that they have lately been increasing at the rate of upwards of 3,000 per annum. Looking at the increasing population, the ever growing popularity of the Hospital for twenty miles round, the gradual formation of the habit of frequenting the Institution on the part of the poor and dense population in the immediate vicinity of the Out-patient division, there can be no doubt that the administration is about to undergo grievous embarrassment from an accumulation of patients. It is important to recollect that the step recommended by the Medical Board to the Committee of Management, in respect of the extension of the acting staff, will tend in the surest manner to increase the number of the patients. In proportion to the improvement in the manner in which the work is done, we may look for a more extended desire on the part of the public to avail themselves of that work. Such an extension is absolutely necessary, if the Hospital is to maintain its reputation, but that extension can but precipitate measures which have long been necessary. If it be said that an extension of staff must run parallel with the increase of numbers, and that in this manner the evil might be met, it may be at once replied that a further increase of numbers means another Building, another Dispenser, another Porter, probably a Secretary's Clerk, a great increase in the cost of Drugs, Stationery, and other articles. The extension of the staff therefore, though urgently necessary, will be far from being the only measure needful to adopt.

There appears to be only one practical procedure for maintaining the number of the Out-patients within reasonable limits. This procedure is the payment of a small sum of money on a note being granted by the Secretary. —1871 *Report of Birmingham and Midland Hospital for Sick Children*, pp. 14-15,

It has been shown that the registration fee has some effect in checking numbers; and the West Bromwich Hospital proves how, in the absence of such a check, the out-patients increase at a free Hospital in the midst of a large working-class population. It was formerly the practice at that Institution to admit patients on the recommendation of Governors; but in August 1875, the West Bromwich Hospital was made free, without any payment by patients on admission. In 1875, 1,974 patients received the benefits of the Institution. The number rose to 4,862 (increase 2,888, equal to 146 per cent) in 1876, which was the first year of the working of the free system. In commenting on these figures in their last annual report, the Weekly Board of the West Bromwich Hospital expresses itself in these terms. "They are increasingly conscious that in the gratuitous treatment of physical diseases in Institutions like this, the serious risk is immense of creating a social disease among that class who, although really able to pay for their own Medical help, are too ready to become pauperised by accepting help, if it be indiscriminately open to them."

It has been stated on behalf of the free system, that "it gives absolute power of control to the Board, as to the number of patients to be received, and the amount of expenditure to be incurred."* The statistics already quoted go far towards proving the fallacy of such a statement; but so much reliance has been placed on its accuracy, that further examination is necessary.

That the tendency to the crowding of patients, and the difficulty of regulating their numbers, is greatest in Hospitals under the Free system, is proved by the numbers attending at the General and Children's Hospitals. The number of patients attending at the General Hospital was in

1876	...	...	...	...	27,444
1867	...	...	...	...	21,818
Increase					5,626

equal to 25 per cent. At the Children's the numbers attending were in

1876	...	...	...	...	15,220
1867	...	...	...	...	10,066
Increase					5,154

equal to 50 per cent, in spite of the check of the repeated registration fees. If the numbers persistently increase under the free system, how can it give the Board greater power of control over

* Report of Sub-Committee on Income and Expenditure, in Queen's Hospital Report, 1875, p. 29.

the expenditure, without sacrificing efficiency and comfort to economical considerations?

An attempt has been made in one of our Free Hospitals to solve the difficulty by taking beds out of the wards; but to reduce beds when out-patients are increasing, is to commit a double error, 1stly, on the score of humanity; 2ndly, of economy in its true sense. When a hospital is advertised as *free*, the masses of the people accept the title as literally true, and flock to the institution in the hope of gaining admission. Their likelihood of success diminishes, in proportion as beds are reduced for the purpose of balancing expenditure and income. The practical effect is, that an increasing number of out-patients go backwards and forwards for one or two minutes interview with the doctor, to return at the end of a week, probably with a fatal malady in process of development. The pressure is so great that sometimes patients, who are only convalescent, are sent out to make room for very urgent cases, and this rapid passage of patients through a small number of beds is vaunted by some statisticians as an administrative triumph. But no record is kept of relapses, and of cases relieved but not cured. If urgent cases could be drafted off to a convalescent hospital so soon as ready for it, a comparatively small number of beds might safely be used for a larger number of severe cases, but if these are to be sent home when barely convalescent, to make room for others urgently needing admission, a great deal of hardship is inflicted.

When the bread-winner is at home disabled, the scanty resources of the home cupboard are hardly sufficient for the wife and children. By pinching and pawning, to eke out small savings and the contribution from the club or provident society, life is kept in the crippled man; but his muscles go on wasting, and he often returns to work only partially recovered, to struggle against difficulties which he never surmounts, and which bring him to a premature grave, or to the workhouse. Once a working man's health has been damaged, and his home broken up, perfect restoration of either is very difficult. When such a man is so seriously injured, or so ill, as to require admission into a Hospital, the true economy is to cure him thoroughly if possible. This is often impossible, if no effective measures are taken to regulate the number crowding into the casualty and out-patients' rooms, while beds are being withdrawn from the wards to save money. As a question of administration, the reduction of beds for motives of economy is a mistake; for the establishment expenses remain very nearly the same, and they bear a higher proportion per bed as the number of beds is lessened.

Conceding that the free system may be easy to manage in a comparatively small community, and that in a large town it may possibly afford the simplest plan of administration in a hospital sufficiently large, and well endowed, to meet the calls upon its resources, that does not affect the truth of the proposition so tersely and cogently expressed

by my friend Dr. James Johnston, that "the free system applied to any institution of limited means, limited staff, and limited accommodation, is not only a mistaken but also a mischievous policy," in the midst of a vast artisan population.

Reference has already been made to the system of charging a fee on admission, as a check on the redundant growth of the free system. If the so-called registration fees were devoted to *bonâ fide* enquiry into the fitness of patients, something might be said in their defence ; but at present they are merely a source of income. It is not difficult to conceive that many persons unable to work from illness, and struggling to keep from the parish, may be most deserving of hospital relief, and yet not have a shilling for the registration fee, to raise which they are compelled to beg ; on the other hand, there is nothing to prevent idlers using the fee as a pretence for money begging, which is by universal admission the form of seeking relief most liable to abuse, most demoralising to the applicant, and proportionately most injurious to society.

The charm in the idea of a free hospital is that its resources are freely available to all sick and deserving persons ; but what becomes of the ideal charm when the condition tacked on to a hearing of his woes is, that the poor sufferer shall put down a shilling on the counter which separates him from the registration clerk, who, having put the coin into the hospital till, proceeds to interrogate the applicant as to his means ?

So long as persons know that they will be received as patients at a hospital on paying a shilling, and stating that their earnings are below a certain standard, it requires no stretch of the imagination to understand that a premium is offered to improvidence and fraud. By such a system the hospital is made a vast competitor against provident sick clubs, and the self-respect of the working population is undermined by inducements to untruthfulness, with practical immunity from detection. Under such circumstances the hospital becomes not only a training school of pauperism, but of duplicity.

A fixed standard of weekly earnings is a very fallacious test of fitness for hospital relief. A man with 25 shillings a week may be much better off, and from the nature of his ailment less entitled to relief, than one with higher wages. A variety of circumstances have to be considered in order to form a just decision on the relative claims of candidates for hospital relief. To let such decision rest with a clerk appointed to receive registration fees, cannot fail to expose many deserving persons to unmerited hardship, and to place the resources of the institution at the disposal of impostors. The prospect of getting cured of the penalties of a shameless life at the cost of a shilling, with what is practically no

enquiry whatever, offers ample inducement to misrepresent circumstances and position.

How the registration clerk dispenses hospital patronage, may be illustrated by three cases which occurred recently in one morning at one of our free hospitals. The first case was that of a poor widow 56 years of age, who some years previously was operated on for cancer. She had two children, one, a girl 11 years of age, went to school, the other, a boy aged 14, brought home 5s. 6d. a week. The poor woman earned her livelihood as a charwoman, and, when able to work, earned from 7s. 6d. to 8s. per week ; so that at the utmost the sum of 13s. 6d. a week was available for the maintenance of the family. But the poor woman had been so ill the week before applying at the hospital, that she only earned 2s. 3d. in six days ; so that 7s. 9d. was the sum available for rent and maintenance that week ; and as she was utterly disabled when she applied at the hospital, the laddie's 5s. 6d. a week was all that was left. Yet the poor woman had to pay the shilling registration fee before she was admitted to see the surgeon. In the second case a lad of 18 years of age, earning 19s. a week, at a brass foundry, applied at the hospital for the treatment of a foul disease, and was registered on payment of a shilling. In the third case a man similarly affected, earning 26s. a week, and having a wife only to maintain, was also accepted on payment of the shilling. Where is the charity of treating the poor half-starved widow like these two rascals, by taking a shilling from each as the condition precedent to admission to hospital relief ? How many poor widows are kept away for want of the shilling ? How many vicious and improvident men hasten to pay it, as a very cheap method indeed of getting rid of the penalties attaching to their misdeeds ?

Independently of such flagrant, but by no means rare, cases as those just dwelt upon, the fallacy of a mere wages test of an applicant's fitness for relief is very obvious. It was specially dwelt upon by Mr. T. Holmes at the recent conference at the Society of Arts, on Sir Charles Trevelyan's statesmanlike review of Metropolitan Medical Relief. Mr. Holmes urged the necessity of inquiring into the nature of patients' ailments as well as into their domestic circumstances ; and he laid great stress on the fact 'that in our overcrowded out-patients' rooms a physician or surgeon can neither give the required attention to the patients who require it, nor derive, and impart, from the study of their cases, those lessons which it is one of the prime objects of an hospital to furnish. "As the poor," he concludes, "cannot have due attention, "and the rich cannot expect to obtain the cultivation of the skill "which the teaching in the hospitals used to give, this is a ques-

“tion of the utmost importance to both rich and poor, and a change
 “ought to be made in the present system, in the interest of both
 “classes.”* The surgeon to St. George’s Hospital, whose words
 I have just quoted, holds such a position, as one of the surgical
 leaders in the Metropolis, that his words need no confirmation ;
 and yet so important is the matter at issue, that corroborative
 evidence may have real value in the public interest. Therefore
 it is that I proceed to quote, from the *British and Foreign Medico-
 Chirurgical Review* for January, 1875 :—“Hospital patients, it
 “affirms, are frequently seen at the rate of fifty an hour. It is
 “true that private practice demands some little amenities which
 “are not required in public practice. But still, after making all
 “due allowance of this kind, we hold that the great evil of the
 “present system is, that patients do not receive the time and
 “attention which their cases demand. In other words they do
 “not receive what the hospital professes to give them. The
 “cases do not get the careful advice which they fancy they will
 “get by resorting to a large institution, and this last does not
 “carry out the object for which its founders or governors have
 “given their money. Such slipshod work as most of that which
 “is performed in the out-patient department of hospitals, is a
 “fraud both on poor and rich.”

If one of the young physicians, who, at a sitting in one of our
 free hospitals, sees a couple of hundred patients, possessed all the
 qualities for a future Sir William Jenner, how could he do justice
 to his work, or to himself? If, however, the bulk of those patients
 were distributed amongst a score of general practitioners attached
 to one or more provident dispensaries, there would be some chance
 that their ailments would be traced to their causes, that these
 would be attacked and removed. A practised eye, no doubt,
 detects the true character of a vast proportion of cases at a glance,
 and experience at once suggests the appropriate treatment ; but
 every single case possesses a more or less marked individuality of
 its own, and science and common sense alike revolt against
 dismissing a patient with the rapid professional stare, the stereo-
 typed question or two, and the prescription, which too often are
 all that it is possible to give, under the ordinary hospital
 conditions.

Cases of special clinical interest doubtless receive more attention ;
 but the great desideratum is to attend, with all available means, to
 comparatively trivial ailments before they acquire exceptional
 interest ; not to reserve consultations and scientific resources for

(*) Metropolitan Medical Relief, by Sir Charles Trevelyan, with remarks
 by Sir William Gull, Mr. Prescott Hewett, Sir Rutherford Alcock, Mr.
 Timothy Holmes, and others. Longmans, Green, & Co. Price One Shil-
 ling. This work is replete with most valuable information, and should be
 read by every one interested in the subject of public Medical Relief.—S. G.

times of great danger, but to widen the scope of their preventive influence.

Medicine and surgery have happily made rapid strides in the direction of exact science. Instruments of precision come to our aid, and are in constant use as means of diagnosis. The teachings of tradition in the treatment of disease are being revised by the light, and with the accuracy, of scientific methods, in the laboratory of the chemist and of the physiologist. Conservative surgery is achieving new triumphs ; the day is gone by when the operating surgeon could rely on attaining success by boldness and skill of handicraft, without the safety and precision which cultured intellectual power alone can confer. In evidence of some of the enlightened views entertained by contemporary physicians, let me quote you the words of one of their most distinguished leaders. "If there is any idea," observes Sir William Gull, "that ought to be rooted out, it is this, that disease comes from Providence, and that it must be cured by drugs. Children are often brought to be drugged when in reality they require to be washed and fed. Disease should be prevented by attending to hygienic laws, by eating good food which has been properly cooked, by regulating the quantity, and guaranteeing the quality of that which is taken. The existence of gin palaces at one corner of the street and free dispensaries at the other, are evidences, by contrast, of the monstrous anomalies existing in our society." *

Notable as the advance has been in other departments of human knowledge, members of the medical profession have no fear of not being able to hold their own, provided the means be afforded them which are indispensable for success, and which are freely granted to workers in other departments. Men have come to understand that learning is something more than a luxury and an ornament. Go to Chance's, to Elkington's, and to others of our leading manufacturers. You may there see a senior wrangler, a salaried official engaged in preparing calculations for the workmen ; you may see worthy disciples of Benvenuto Cellini, designing and modelling for the caster and the chaser. Go to a gun foundry or factory, and you will see how mathematical calculations on trajectories, velocities, and impacts, are made the basis of practical work in forging arms and missiles for human destruction. Go to the schools of art, and you will see how the models of Greece and Rome, of old and modern Etruria, are being utilized to educate the artisan population. Go to the Inns of Court, and you will see, that, not content with the glorious inheritance bequeathed by such luminaries as Coke and Blackstone, Stowell and Sugden, barristers no longer rely on the intricacy of

* Sir Charles Trevelyan's paper on Metropolitan Medical Relief, previously quoted, p. 116.

pleadings, on their knowledge of the statutes, and on the force of their eloquence, but study Jurisprudence as a Science, and trace to their origin the cardinal principles of Equity and Common Law. We cannot afford to stand still ; neither is it for the good of society that we should do so,—

“Tempora mutantur, et nos mutamur in illis.”

It is to the interest of all classes to remember, that whereas hospitals were in early times merely homes and asylums for the sick and poor, their higher and more legitimate function is now understood to be, to promote the advancement of knowledge in all that concerns human diseases, while sheltering, and affording every possible comfort to, those who suffer from them. A hospital fulfilling its true mission, is, at one and the same time, a house of mercy for the helpless, and a school of science on which even the richest are dependent. This twofold function presupposes such selection and arrangement of work, as shall admit of its being done in the best possible manner. In direct proportion as patients crowd to a hospital, packing its waiting-rooms, and filling its beds in such rapid succession as often to make a change of linen impossible, and to compel the placing of mattresses on benches and on the floor, the higher purposes of a hospital are departed from. To fulfil them it is essential that the right kind of work be undertaken, and only in such proportion as to admit of its being thoroughly well done. In other words the right cases must be selected, and neither pains nor resources of science and money must be spared to ensure their recovery.

An initial difficulty which is more particularly felt in the crowded centres of the industrial population, is how to select the fit cases for hospital relief, under the twofold aspect of the social, and medical or surgical, fitness of applicants :—how to aid the deserving and prevent abuse ?

The figures which I have quoted make it pretty plain, that the state of things in our local hospitals, more especially in the free ones, is rapidly approaching a dead lock. If, on the basis of the experience of the last ten years, we endeavour at present rates of progress to forecast for the next decade, the result may be thus stated :—

Year.	Population of Birmingham.	Persons relieved at the local Medical Charities.	Ratio of Persons relieved to Population.
1867	325,895	66,671	1 in 5
1876	371,839	104,048	1 in 3·5
1886	422,436	162,379	1 in 2·6

If the data of previous decades were at hand for a strict calculation, the result would be still more extraordinary than that arrived at by a calculation in simple proportion. But I prefer to understate the case. The above figures show that in the 20 years from 1867 to 1886 inclusive, the population of Birmingham will have increased 96,541, and the number of persons relieved by the medical charities will have increased 96,661,—*i.e.* every single individual added to the population will have been represented by an additional applicant for gratuitous medical relief.

It would be a waste of words to expatiate on the magnitude of the social evil which those figures represent. The question is, **WHAT IS THE REMEDY ?**

The evil with which we have to deal has been of steady growth for many years, and at last has acquired an impetus which it will be very difficult to stem. The mischief affects a variety of institutions, and interests the whole community. There is no ground for hoping that a remedy can be devised which can either be speedy, or absolutely certain, in its effects. The problem, for a problem it is and a very intricate one, must be approached with a due estimate of its difficulty. The enemy—for a spreading social evil is an enemy to all society—must be approached tentatively. Its subjugation cannot be effected by a dashing onslaught ; but must be brought about by thought and kindly feeling, by tact and patience, by attracting and encouraging, instructing and disciplining, a body of defenders of those moral principles and substantial interests, which are being polluted and undermined.

Another danger has to be provided against. We must not hope to find the remedy for the evil in any one system. The old French surgical Academicians, the greatest surgical council that ever assembled, were fond of protesting "*l'Académie n'aime pas les systèmes.*" A disavowal of a love for systems is particularly impressive, when emanating from Frenchmen. I think one of the dangers of modern English society is having suddenly grown too fond of systems. We are not a theoretical, but essentially an empirical people, in our laws and customs, in our science and literature, in our homes and in our workshops. Generalisation is admirable, nay it is the very aim and essence of the search after truth ; but it must follow, and not precede, investigation. When systems and rules of action forestall, instead of following, facts, they are quackish and mischievous.

No discussions are more fraught with bitterness, or less profitable in results, than those which concern the relative merits of systems, as such. A bad system may have something good in it. Another system may seem admirable, if considered theoretically, and in practice may present much that is objectionable. The course

which is at once the most prudent and the most economical, the wisest and the safest, when the merits of two systems are in question, is to take the best parts from either, and submit them to the moulding influence of experience.

In the matter in hand the first thing to do, after discarding fondness or antipathy for either the plan of recommending by notes, or the free system of hospital administration, is to collect all the facts bearing on the causes and extent of abuses in our medical charities. The facts which I have submitted in this address have been gathered and collated with all the diligence and accuracy I could command, and with the assistance of very many able and most hearty fellow-workers. Errors may have crept in, in spite of the utmost care, and their correction will be most welcome. Meanwhile the evidence herein embodied is not put forth as establishing anything, beyond a *primâ facie* case for enquiry.

Sooner or later such enquiry must be instituted, and the members of our Association, who as a body are most deeply interested in the issue, will, I venture to submit, do well to promote such an investigation as the whole case demands. In works of charity members of our profession have always been to the fore. If in the present state of society, experience prove that charitable medical institutions should be remodelled, or allied with others, on the basis of provident co-operation, we owe it to ourselves, to our profession, and to society, once more to go to the front.

Let an end be put to rivalry in everything except in doing good. Let there be no more eagerness to win favour by a practice of underselling, and a puffing of benefits conferred, which any second-class tradesman would despise, and which the merest tyro in political economy would condemn, as certain to procure its own defeat. Let the authorities of our medical charities confer together for the common good, which is threatened by a common evil.

In such a conference others besides the managers and staffs of our medical charities ought to take part. Whatever the evils of the present state of things, those bodies are responsible for them; in various manners and degrees it is true, but still responsible. It is too much to expect that opinions to which men have long been wedded will be given up without a struggle; that old contentions will be readily forgotten; and that new ideas and compromises will stand a chance of adoption, with a fair field for trial, so long as the directors of our many charities remain practically isolated from each other, associated only with the members of their own committees. Much embarrassment, much difficulty, much danger may be obviated by an infusion of new blood; by summoning to a conference with the existing hospital committees and officers, other bodies who have a moral right to be heard, and have

a large fund of experience to contribute. One such body is the Charity Organization Society. Its London prototype has worked a vast deal of good in the direction of hospital reform ; and, at the last annual meeting of the local society, a report was read, which abounded in evidence that the executive are alive to the evil of hospital abuses, and have formed some shrewd opinions as to the direction in which reform must be effected.

Special care must be taken lest the intervention of the Charity Organization Society should prove distasteful to provident working men. The suppression of mendicancy and imposition being one of the chief objects of the society, and paid officers being employed to carry it out, there is danger lest those working men—and they are a very large number—who have very liberally contributed to the support of our medical charities, and have never been proved to have abused them, should resist an inquisitorial system, and withhold a measure of their support.

The fundamental soundness of the recommendations of the Charity Organization Society may be inferred from the following extract from their last annual report. Referring to the crowds of out-patients at our medical charities, the executive of the local Organization Society remark :—

“ A very large proportion of this enormous number of out-patients could afford to pay the cost of their own doctoring, if that payment could be made in the form of a small weekly payment during times of health as well as of illness ; while they would generally be unable, especially when ill, to meet the lump sum of a doctor's bill. The need here is the machinery for bringing the payment for doctoring within the reach of the poorer classes, and this can be done by the establishment of Provident Dispensaries, as is shown by their success in many other towns. By small weekly contributions to these institutions, the working classes are enabled to pay the cost of their own medical attendance and medicine, and are thus able to avoid the humiliating position of becoming recipients of public charity whenever they are out of health. Any change in this direction seems to us to be hopeless until Provident Dispensaries are provided.”

The Conference of the Society of Arts already referred to, resulted in the following resolution being unanimously carried on the proposition of Sir William Gull, seconded by Mr. Prescott Hewett.

“ That the improvement of the people of London in health and habits of thrift and independence demands that, while, on the one hand, Out-patient Departments should be regulated so as to secure the prompt treatment of cases requiring the special resources of a Hospital, on the other, Free Dispensaries should be converted into Provident Dispensaries, and new Provident

“ Dispensaries should be established in proportion to the wants of the population.”

Such recommendations only require to be rightly placed before the provident working men, to secure their sympathy and co-operation.

Very much depends on how the working men are approached, and in what spirit their co-operation is sought. It is the habit with some public men, who on other platforms and for grander schemes, speak of the working men in the most flattering and confiding terms, to treat them very differently when co-operation for social purposes nearer home is in question. They are then reminded of their improvidence, and of their intemperance, and are asked to do their duty in terms not very well calculated to awaken kindly feelings. Whatever the faults of the working classes, and I am not here to be their apologist, neither have I ever sought their favour by unmanly and insincere adulation, the class above them must take a goodly share of the responsibility. It was only the other day that the cry of national education was raised—and it takes many and many a long day to permeate a mass of people with the light and the blessings of culture. The Artisans’ Dwellings Act is still no more than an enactment, full of promise, it is true, but yet unfulfilled. Meanwhile an immense part of our population live in physical conditions ill calculated to promote healthy growth and appetite, whether bodily or mental. If the working classes have shewn themselves only too ready to beg at the doors of our medical charities, it is largely owing to the fact that they have been demoralised and pauperised by quasi-feudal institutions, charitable in their origin, but in their growth and management often directly opposed to the first principles of thrift and social economy. Let me ask you what would be the result if, in such a community as this, an association were formed to assist needy tradesmen in meeting their bills; the society to be free, on applicants paying a registration fee, and answering certain questions put by a clerk, whose enquiries were practically never submitted to any revision. The bankers of the society to be the Bank of England, its chairman Sir Josiah Mason, its directors Alderman Avery, Mr. George Dixon, Mr. R. L. Chance, Mr. G. F. Muntz, Mr. Sampson Lloyd, Mr. Joseph Gillott, Mr. William Middlemore, and a few others of our wealthy neighbours? Do you not suppose that the number of manufacturers and factors who would apply to have their bills met, would steadily increase week by week? Or, supposing again that, suddenly moved by the philanthropic desire of spreading broadcast the inestimable blessings of cheap and speedy justice, the lawyers formed a Free Legal Hall, registration fee one shilling, Henry Hawkes, Esq., J.P., the chairman, presiding over such a body of directors as Messrs. Beale,

Wragge, Tyndall, Martineau, Milward, Marigold, Mathews, Johnson, &c. Is it certain that all the applicants for legal relief would be deserving ones? Do you not think the Free Legal Hall would very soon be crammed? Do you think its managers would propose a very wide extension of the one-shilling-registration-free-legal system?

Gentlemen, you are physicians and surgeons, many of you of much learning and great experience; to the junior amongst you I venture to offer a bit of advice which I have often given my students:—For success in our calling, scientific and practical knowledge and the most assiduous application are essential; but they are not sufficient. It is necessary to study man in the Bible and Sam Slick, to know how wonderful are the mysteries of human nature, and to be able to deal with them. But, much as the Book of Books and the writings of the Canadian humourist teach us of the common weaknesses of men, irrespective of race and rank, of sex and sect, they do not give us more than general principles of guidance, in dealing with the working man as he now exists. He is essentially a product of recent growth, alike in workshops and trade and friendly societies. To their honour be it said that long before the legislature saw fit to foster their existence, many thousands of friendly societies, with many millions of capital, were organized by the working classes, in obedience to the strong instinct of self-preservation. Far be it from me to attempt to justify some of the defects of those organisations, to which I refer merely as an answer to the sweeping charges of improvidence, which are so heedlessly hurled at the working men. By slow degrees they began to take an interest in the support of our hospitals and dispensaries, and, whereas in Birmingham these institutions received from the working classes the sum of £506. 12s. 9d. in 1867, it had grown to £5,195 1s. 4d. in 1876. To form a just estimate of this increase, it must be borne in mind that the further sum of £4,057. 16s. was contributed by the working men for the Extension of the Queen's Hospital, between the years 1869 and 1872.

The West Bromwich Hospital, last year, received from the working men the sum of £783. 3s. 9d., equal to 9s. 3d. in the pound on the expenditure of the Institution; and, from the same source, the Birmingham Hospitals for Children and for Women, received respectively £427. 18s. 3d. and £280. 12s. 5d., equal, in the first instance to 2s. 11d. in the pound of the expenditure, and in the second case to 6s. 2d. in the pound.

It is quite true that in the case of the two last named charities a large part of the contributions from working men were in the shape of registration fees, of which the Children's Hospital received in 1876, £373. 9s., and the Women's Hospital

£195. 3s. These fees are a growing source of income, but, with their growth the hospital Saturday collections have steadily decreased, and the working men's annual subscriptions, as such, have not increased. Income levied as the registration fees are necessarily partakes to a great extent of the nature of a rate, and every practical financier knows, that rates and voluntary offerings are antagonistic, church rates and offertories to wit.

At the Children's Hospital the working men's annual subscriptions have never exceeded £20.; at the Women's their maximum has been £5 in any one year; at the Queen's, since the power of recommending patients was withdrawn from the working men, and the registration fee was established, the previous growth of their annual subscriptions has been checked and reversed. At the Eye Hospital the workmen's subscription rose from zero in 1867 to £50. 8s. in 1876, and at the General Dispensary in the same period from £60. 18s. to £304. 10s. At these two institutions the men recommend patients and are charged no registration fees. Is it reasonable to expect that the working men can pay at increasing rates under each of three heads?—1st, as annual subscribers; 2nd, through the registration system; and 3rd, through the Hospital Saturday collection, which has fallen steadily each year, from £4,704. 12s. 3d. in its first year (1873) to £3,223. 4s. 1d. in the present, a decrease of £1,481. 8s. 2d.

When the causes of the decline of the Birmingham Hospital Saturday collection shall have received the attention they merit, and when the experience gained in that movement shall have been dispassionately considered, information cannot fail to be elicited, which will throw light on the interest which the working classes have taken, and are still prepared to take in an increasing measure, in the support of our Medical Charities. Of this I am very confident; the working classes have a very tender sympathy for their suffering kin, and they only need to be approached with unreserved frankness, with courtesy without flattery, and firmness of purpose without overbearing, for the more intelligent and provident amongst them to come forward as the leaders of their class. The great thing to do is to educate the working men to a sense of moral responsibility to society, to make them feel that they are welcome co-operators in the great work of social regeneration. It must be remembered that the masses of mankind are more influenced by appeals to sentiment, than by the enunciation of abstract principles of duty. Men's heart-strings, like the strings of a fiddle, are dumb, harmonious, or discordant, according as they are left alone, sympathetically touched, or roughly handled.

On this hospital question the working men have invaluable experience to contribute. A well chosen body of their representatives, trained in the work of their provident societies, would very soon throw light on some of the principal causes of hospital abuses, and the best means of checking them. If, moreover, the committees of the provident societies themselves were properly invited to take a part in the proposed conference on the hospital question, much more good might be anticipated. No officers of friendly societies and sick clubs would be able to furnish more valuable information than their medical officers, who labour under great difficulties. Not the least of these arises from the fact, that some of our medical charities, are to all intents and purposes hospital clubs, where the work is so excessive that it cannot possibly be done as it ought to be, and where the value of services rendered is depreciated by a fixed rate of registration, without any enquiry worthy of the name.

Those of us, and there are many such present, who have passed more than a quarter of a century as honorary officers of medical charities, can afford to speak out, without the danger of being misunderstood. To quote the words of a Quarterly Reviewer "there is a limit to the liberality of the most liberal profession in the world." Lord Derby said the other day that not even international treaties, drawn up and signed with all the formalities of State Papers, can be supposed to be indefinite in duration. They cease to operate with the state of things out of which they originated. The unwritten contract, under which a few members of the medical profession formerly did much work for the public for nothing, was entered into when wigs and gold-headed canes distinguished the few learned leaders in our ranks; when wealth was not much diffused amongst the masses of the population. All that is changed—*vide* No. 1 Building Society, the Post Office Savings Bank, and the Income Tax returns which I have quoted. If free libraries and free schools are to be supported by rates, and all their officers paid, why should it be otherwise with free hospitals? Far from me to wish for such a change, so far as most of us are concerned. I am quite alive to the extent to which the burden of the rates is already felt; and I can understand the disinclination of Parliament to add to them; but, unless I am much mistaken, matters are fast tending in the direction of rate-supported hospitals. When such a change takes place, it is to be hoped that it will be so regulated that one workhouse medical officer will not have four or five hundred patients to look after; and that one hospital physician will no longer have two hundred patients to see at one sitting. At the same time it is to be hoped that provident dispensaries will be improved and multiplied; and that by intelligent and well-

adjusted co-operation, persons in all classes will be able to secure efficient medical attendance, without sacrificing their independence, and with a due measure of justice to members of our profession.

A number of provident medical institutions exist already in our midst, but they only very imperfectly fulfil their object. Their plan of work and method of relief, their rates of subscription and of payment to medical officers call for thorough and careful re-consideration. On the principle of mutual assurance it is possible to make efficient provision for the health of the working classes, including the wives and children, and the object is one which deserves very thoughtful and earnest co-operation, in the broadest and truest sense of the term. Hospital abuses will assuredly lessen, in direct measure as means are provided and organized for securing the self-respect and health of the people, as two of the chief factors in the nation's happiness and wealth.

Accept, gentlemen, I beg you, my very sincere expressions of regret if I have wearied you. No one can be more conscious than I am of the imperfections of this Address. In so far as the opinions here expressed prove to be those of my professional brethren, they will have weight with the public. In direct measure as my conclusions and suggestions accord with established principles of political economy, they will exert an influence in the reform of abuses, which press alike on the thrifty portion of the community and on the medical profession. No considerable section of society can suffer a wrong without its effects being felt by the whole, more or less directly, sooner or later, yet with relentless certainty.

One thing we must guard against—blaming others for wrongs which are in no small part the offspring of our own errors. If the profession were to-day agreed, the public would to-morrow concede any just demands preferred on its behalf. In this matter, as in all others involving a variety of interests, and affecting large numbers of people, agreement can only grow out of free and temperate discussion. I have already hinted at the necessity of a conference between the authorities of all our Medical Charities and Provident Sick Societies. Called upon, as members of our profession would be, to take a leading part in advising on the questions raised, it is eminently desirable to promote the formation of healthy professional opinion. For this purpose, the organisation of our parent Society may be utilised with the best effects. The British Medical Association now consists of 7,000 members. It is no use leaving too much to be done by our governing body. Centralization is the cause of the block in our hospitals, and if we rely on numbers as signs and agents of our corporate life, excessive centralisation may paralyze it. The Branches of the Association spread over the country must confer and work. In London, some of the most

eminent members of the profession have worked at this subject very successfully. Our brethren at Manchester are ahead of us; those at Liverpool have been for some time earnestly engaged in the same line of enquiry. All this experience must be utilized. We know how much assistance is derived, in the difficulties of our daily practice, from consultation with able and honourable colleagues. There is every reason to believe, that in considering the remedies for a very serious ill affecting the social body, consultation will bring with it the reward of wise counsels.

Anxious for the truth and tolerant of differences, we must remember that unanimity is impossible; but, none the less, good always attends honest and kindly endeavours to attain it. Those who never fail to find a theme for satire in the differences of doctors, have but a superficial acquaintance with the fundamental causes of differences of opinion amongst all classes. You will not require to go far from home, to learn how men treat each other, for no other reason than because they do not agree in politics. You can scarcely open a newspaper, without having before you only too abundant and painful evidence of how men contend about the holiest things. Within the present month our Courts of Law have afforded another notable instance of how learned men, trained to the examination of evidence, can differ in the construction of a statute, on a comparatively simple matter of fact. After two concurrent decisions at *Nisi Prius* and in the Court of Common Pleas, the great case of *Twycross v. Grant* came before the High Court of Appeal; the four judges of which, after an exhaustive trial, were equally divided in opinion.

The questions which come before us are far more intricate than the construction of a statute. We have no salaried Judges to appeal to. In the arduous practice of our profession we strive to resolve difficulties, to widen and deepen knowledge, to honour our profession by benefiting our fellow men. But of one thing we must be a little more solicitous;—of the trials and injustices which our brethren suffer who cannot help themselves. I refer especially to our juniors, and to those hard-worked practitioners, who have little leisure or energy to spare, to seek redress for wrongs which press heavily upon them. Those wrongs are largely due to the inordinate amount of gratuitous work which members of our profession are called upon to do, and to the rapidly growing abuses of our Medical Charities, to which I have directed your attention.

But these wrongs and abuses must neither be allowed to provoke us to excessive resentment, nor to make us too eager for change at any price. Let me repeat the protest against too implicit reliance on systems as such. We must be practical above all things. In principle, I believe that the Provident Dispensary system has in it the essence of the remedy required; very much, if not all, depends

upon how it is prepared and used. A too hasty and too wide application of the Provident Dispensary system in its crude form, or alloyed with the evils which have crept into it, would only lead the public and us into fresh difficulties. Experience of men and things, with good feeling which nothing must be allowed to sour, and patience which nothing must be allowed to tire, will not fail us.

No sudden change is possible ; but no time should be lost in endeavouring to bring about a more healthy, and a more just, state of things. We only seek for the reform of such abuses as are demonstrably injurious to society generally. We have unabated confidence in the power for good, which the knowledge and practice of the great truths of our profession bestow. We look forward to being able to do more good work, when public medical relief shall be administered in such a manner as to accord with the true teachings of science and common sense, without doing violence to the homeliest instincts of thrift. The day is happily gone by, never to return, when the cultivation of science demanded the sacrifice of independence, often of life, from those who were devoted to its pursuit ; and the time has come, when the physical health of the community may be and should be protected, without ever widening the boundaries of
A DEMORALISING PAUPERISM.

AT the conclusion of the Address, it was *moved by* Dr. DE BARTOLOMÉ, President of the British Medical Association, *seconded by* Dr. FOWLER BODINGTON, ex-President of this Branch, and unanimously carried—

“That the best thanks of the meeting be given to the President of the Branch for his able and admirable address, and that he be requested to allow the address to be published.”

It was then *resolved, nem. con.*, on the proposition of Dr. BALTHAZAR FOSTER, *seconded by* Mr. ARTHUR OAKES—

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

22, Broad Street, Birmingham,
June, 1877.

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