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METROPOLITAN
PROVIDENT DISPENSARIES.

LETTERS

FROM

MR. TIMOTHY HOLMES

AND

SIR CHARLES TREVELYAN

TO THE EDITORS OF THE

‘LANCET’ AND ‘BRITISH MEDICAL JOURNAL,’

AND

CORRESPONDENCE IN ‘THE TIMES.’

1880-1.

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1881.

LETTERS.

To the Editor of 'THE LANCET,' July 30, 1881.

SIR,—In your number for July 23rd there is an article on the Provident Medical Association, which met the other day at the Duke of Westminster's, and in which I am proud to own myself deeply interested. In that article you ask (and ask very properly) for information as to important medical details; and as the article is written in a very kindly spirit, and with an evidently sincere appreciation of the general object of our association, I have the greater pleasure in complying with your request. In the first place, you say that my name is the only medical name you recognise in the report. I am glad, however, to say that it is by no means the only one connected with the association. The day selected for the meeting was unluckily that on which the opening ceremony of the International Sanitary Exhibition was held, so that few medical men were present except myself, but several of our medical brethren have already joined, and more will no doubt do so if the scheme commends itself to public confidence. In the second place, it is a misapprehension to suppose that our association proposes to supply its members with medical attendance in all emergencies except 'the capital operations of surgery.' We recognise that there are many other cases, both medical and surgical, besides those calling for surgical operations, which are most legitimate subjects for hospital treatment, and still more for hospital consultation. But we say that the ordinary ailments of the poor neither need be treated at hospitals, nor can be so treated efficiently; that domiciliary visitation, knowledge of the habits of the patient, and advice as to his food, clothing, &c., are absolutely necessary—in fact, the sort of treatment that the family doctor gives to the rich man; and that a bottle of medicine once a week, and a hurried word or two, are a mockery both of charity and of medical treatment in a very large proportion of the out-patient cases. If there is any hospital officer conversant with such practice who denies this I have not yet met with him. Another matter on which you comment is, that each dispensary is to pay something to the Central Association. This payment, however, will only be on account of preliminary expenses, with, I presume, a certain interest until paid. We hope to make the dispensaries self-supporting, but no one expects or wishes that they should be turned into sources of commercial profit to the managers. Next you say that you are not told how many shares have been taken in the new company. I hope I am not violating any confidence in telling you that a little over 5,000 are as yet taken up out of 50,000, which, considering the short time that we have been before the public, and the fact that our operations are only just beginning, is, I think, a very encouraging proof of public confidence. That our company will pay a dividend of 5 per cent. is not a certainty, but I see no improbability in it. At the same time, the persons who have hitherto taken shares have done so more from interest in the scheme than in hope of profit. But what you seem most doubtful about, and what is certainly the most important feature in the new scheme, is as to the adequacy of the remuneration offered to the medical officers. I quite agree with you that a medical institution such as you describe, 'in which whole families are to be attended for 1s. 6d. per quarter and two doctors are employed to do the work of twelve,' would be a disgraceful imposition. If, as you say, language has been employed at some of the meetings of our association and company implying that any such arrangements are to

Metropolitan Provident Medical Association.

OFFICE: 24, BEDFORD STREET, COVENT GARDEN, W.G.

Chairman of Council: THE RIGHT HON. JAMES STANSFELD, M.P.

REPORT

SHOWING THE MINIMUM NUMBER OF MEMBERS NECESSARY TO MAKE A DISPENSARY SELF-SUPPORTING.

This question can obviously only be dealt with by ascertaining what *fixed* charges will have to be met, and what items should be provided for by a percentage of net income under ordinary average circumstances.

The items of expenditure likely to arise may be stated as follows:—Medical Officers, Secretary, Postages, Printing, &c., Drugs, Rent and House Expenses, and Dispenser. All but the two latter should be met by a proportionate percentage on net income, and the question therefore turns on the estimated fixed cost for Rent and House Expenses and Dispenser. These latter, *on an average*, may be computed at—

Rent, &c.	...	...	...	...	£90	0	0
Dispenser	...	...	...	...	60	0	0
					<u>£150</u>	<u>0</u>	<u>0</u>

Experience tends to show that the proportionate payments may be calculated as follows:—

Medical Officers	...	...	...	...	47	per cent.
Drugs, Instruments, &c.	...	...	...	...	21	„ „
Secretary, Printing, &c.	...	...	...	...	7	„ „
					—	
Total	...	...	...	...	75	per cent.

As 25 per cent. would thus be left to meet the necessary *fixed* charges, and as these would require £150, it is evident the minimum income compatible with solvency would have to be £600 per annum, which should be allotted in the following proportions:—

Medical Officers	...	...	...	...	£282	0	0
Drugs, Instruments, &c.	...	...	...	...	126	0	0
Secretary, Printing, &c.	...	...	...	...	42	0	0
Rent and House Expenses	...	...	...	...	90	0	0
Dispenser	...	...	...	...	60	0	0
					<u>£600</u>	<u>0</u>	<u>0</u>

This would require either of the three following groups, each of which would give a small surplus:—

1,000 Family Members	...	...	...	...	£650	0	0
2,000 Single Cards (Ordinary)...	...	...	...	...	650	0	0
3,000 „ „ (Friendly Society)	...	...	...	...	650	0	0

Or a Membership of the various classes combined, such as, for example:—

500 Family Members	...	...	...	...	£325	0	0
800 Single Members (Ordinary)	...	...	...	...	260	0	0
500 „ „ (Friendly Societies)	...	...	...	...	108	6	8
Total	...	...	...	...	<u>£693</u>	<u>6</u>	<u>8</u>

Of course these combinations are capable of almost infinite variation, while the whole of the estimate is based on the assumption of the minimum clientèle necessary for solvency. An increased number would probably give a considerable reserve surplus.

Prepared by C. RADLEY, Organizing Secretary; Considered and approved by the EXECUTIVE COMMITTEE of the Council.

PHILOSOPHY DEPARTMENT

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be imported into London, it must have been in my absence, nor would I ever consent to be connected with any such proceedings. In this attempt to substitute for the present indiscriminate gratuitous relief a system of payment by the poor for their medical attendance, on the principle of insurance, it is obvious that the rates of payment must be low, but I am glad to say that we have anticipated your advice to take the well-established sick clubs as our guide. We can only enlist the necessary number of members by the co-operation of the large friendly societies, and we propose to admit their members on the terms which they now pay for their sick clubs, and other members on terms slightly higher. The reason for the difference is, that the members of friendly societies are male adults, and most of them have very little illness. Other members would consist largely of women and children, and require more attendance. That these terms can adequately remunerate the medical men we conclude, not merely from the experience of the provident dispensaries in London, the majority of which, as you truly say, are not at present self-supporting, but from the large institutions in the manufacturing districts, which are now firmly established and are perfectly independent, and whose offices are sought for by the most respectable practitioners of the district. There is no conceivable reason why what pays so well in those counties should not be equally successful in London, except the prevalence here of a vast system of indiscriminate out-patient relief. If we could obtain the assistance of the medical press and the medical public in reforming the abuses of this system, I have no doubt that something would take its place, in respect to the relief of the mass of ordinary sickness, which would be far more just to the profession, and far more satisfactory to the poor. But we have no wish whatever to abolish or even cripple the out-patient practice of the hospitals. On the contrary, we fully recognise their value in medical education, and only want to improve them. Still less have we any wish to do injustice to medical men. The present gratuitous system, we believe, deprives them, in London alone, of a very large sum of money annually, which we wish to restore to them; and with patience, &c., wish on all sides to treat the question fairly. We do not despair of success. It would be a good augury of success, and a long step towards it, if we could enlist the powerful support of *The Lancet* for a plan, the general objects of which you are pleased to stamp with your approval. I am yours, &c.,

T. HOLMES.

GREAT CUMBERLAND PLACE, *July 26th*, 1881.

P.S.—As an example of the income which may be derived from a really self-supporting provident dispensary, allow me to instance that at Leicester. Their balance-sheet for 1880 (which I enclose and shall be glad to send to anyone interested in the matter) shows that they received £4,263, of which £2,601 was paid to the medical officers—viz., £2,206 for ordinary attendance, and £395 for midwifery fees. Their rates of payment are, I think, somewhat lower than ours. Why should that be impossible in London which is easy at Leicester; or how is the dignity of medical labour violated in the persons of the medical men (twelve in number) who work the dispensary?

To the Editor of 'THE BRITISH MEDICAL JOURNAL,' July 30, 1881.

SIR,—The attention of our associates can hardly fail to have been called to the scheme which is now being developed under the auspices of Sir C. Trevelyan, Sir Sydney Waterlow, Sir R. Alcock, Mr. E. Hart, myself, and others interested in hospital reform, for the purpose of founding a great association in London of provident medical dispensaries. A meeting was held for this purpose on July 16th, at the residence of the Duke of Westminster, where the progress of the effort hitherto was described, and resolu-

tions adopted for the purpose of promoting its further extension. A succinct account of the nature and prospects of this scheme will not be unacceptable, I hope, to your readers. The scheme contemplates the ultimate establishment in every part of London of self-supporting dispensaries, to which all persons are to be admitted at a rate of payment about the same as that now paid by the friendly societies (only a little higher), and paid, as in those societies, during health as well as sickness; but admitting also the wives and children of members, whom the friendly societies as a rule exclude. The payments are at present to be allotted half to working expenses, and half to the medical officers; and when the dispensary has cleared itself from debt, all the surplus will be divisible among the medical officers. As, however, it is impossible for the funds to be forthcoming at once, it is necessary that these should be advanced by a company, which accordingly has been founded side by side with the association on the model so successfully furnished by the similar institution for the Girls' High Schools, and which will advance to the association the funds required for each dispensary, to be returned to the company by the association out of the earnings of the dispensary, with such interest as may be found possible. Such, in the fewest possible words, is the object of the scheme. Its aims are, of course, to relieve the present overcrowded out-patient departments, to enable the working classes to provide themselves with that necessary medical attendance which they now most improperly receive as charity, and to bring this 'family doctoring' to the houses of the patients themselves, instead of continuing the farce of pretending to cure dietetic, climatic, and other chronic ailments by the ready-made prescription and the half-minute's advice of the out-patient room. Thus the three main advantages which the promoters desire to secure are—1. That the doctor shall be paid his due, instead of being obliged to attend gratis those who can afford to pay him, and many of whom are perfectly willing to do so. 2. That the efficiency of the voluntary hospitals shall be increased, and their teaching powers strengthened, by relieving them of the incubus of numbers which now oppresses them; and 3, that the work shall be better done.

The first question is whether the rates of payment are sufficient to make it worth the while of medical practitioners to join the dispensaries. Now, it must be recollected, in considering this matter, that the system is intended to replace one of indiscriminate gratuitous relief; and that is proposed to those who are already treated at the general hospitals and free dispensaries. The rate must, therefore, be a minimum one. Besides, as the men of the families now for the most part are members of sick clubs, the scheme cannot come into general acceptance with the working classes, except with the co-operation of such clubs, which, of course, can only be secured by a rate, for them, not higher than what they now pay. The co-operation of the great friendly societies has, it is hoped, been secured on these terms, and the rates have been fixed with reference to those now paid in such societies. As these members are all adult males, it has been considered equitable to admit them at the rates they now pay, while for other persons a slightly increased rate is charged (6*d.* a month, instead of 4*d.*, and an entrance fee of 1*s.*). That such rates will provide a fair remuneration for the medical attendants is proved by the experience of similar rates of payment in similar institutions in the manufacturing districts, provided only that a sufficient number of constant contributors is secured. It is calculated that 1,200 members to each dispensary would give a respectable income to the medical officers; but with the active co-operation of the friendly societies a much larger number of members can be secured in any part of the metropolis, provided that the dispensaries can be relieved of the competition of the great gratuitous institutions. We cannot but believe as well as hope that this will be given to them; for it is obvious that the working of these provident dispensaries, if successful, would relieve the hospitals of exactly the class of cases which are not only useless to them, but which, more than anything else, impede the efficiency of that great school of

diagnosis—the out-patient room. Strange indeed is it, as showing the power of any habit, even when really of only recent date, to see how some hospital physicians and surgeons still cling to the idea that it is necessary, in order to keep up the supply of cases for the school, that a mass of people should be encouraged to crowd into out-patient and casualty rooms, where it is impossible that they should receive any proper attention, or the students any proper tuition from them. To what a ridiculous excess this system now prevails in our great hospitals, those know who have read Dr. R. Bridge's account of the casualty department in the 14th volume of the St. Bartholomew's Hospital Reports.

No excuse for maintaining such an outrage on common sense and charity ought for a moment to be admitted by anyone who thinks it unjustifiable 'to do evil that good may come.' But the truth is, that the excuse is as fallacious as the practice is indefensible. This system is the growth of yesterday, and in former times, when London was much smaller, the hospitals had no difficulty in procuring a proper supply of material for teaching, without any such overgrown out-patient departments; nor is any such difficulty experienced in Scotland, France, and other countries, where the system is unknown. Nay, a proper understanding with the dispensaries of the district would always ensure an adequate supply of the cases wanted for tuition. It is a great mistake, though one constantly made, to imagine that the hospitals want only rare, or difficult, or dangerous cases. They want, for out-patient purposes more especially, such cases as present salient points for diagnosis and treatment; cases, in fact, for consultation; and what would more enlighten the student, or form a more apt introduction to practice, than a weekly consultation between the officers of the out-patient department and the dispensary, over cases furnished by the latter? Would not a quarter of an hour so passed do more to instruct a student on the principles of diagnosis and treatment in the affection before him, than watching his master labouring for any number of hours in writing hieroglyphics on bits of paper hastily thrust under his nose, and scrambling at hot haste through dozens of cases which he has neither time, nor strength, nor inclination seriously to attend to?

Two points more are all that I can at present notice. One of the objections which have been made to this scheme is, that it admits all comers; that a duke can, if he please, join the provident dispensary; and that, though probably no such exalted member will really enroll himself, yet that a great number of small tradesmen and others will, who are quite able, and who in fact are quite used, to pay their medical attendants at the ordinary rate. Now, it is quite possible that some such abuse may prevail, but it can only be to a very limited extent, and cannot balance, or even seriously diminish, the great gain which would result to medical men from deriving a regular settled income, free from all bad debts or trouble of collecting, from that very large class which now pays nothing at all. The alternative of an inquisitorial investigation of everyone's private circumstances before he could be allowed to join the dispensary, is too odious to be accepted by the working classes, while it would probably be very inefficient. However, to guard against any gross abuse, a power is given to the committee of each dispensary (on which the medical staff is, of course, present) to refuse any member. On this head, I may refer to a letter from Sir C. Trevelyan, in the *Journal* for July 31, 1880.

The other point is, as to the relations of the provident dispensaries to the gratuitous charities. It is here alone that I feel any misgiving as to the success of the movement. It is useless to conceal from ourselves that the poor of London are not so exceptionally constituted as to wish to pay for what they can get for nothing; and, although the fatigue of waiting, the loss of time, and the scanty attention they receive when at last they appear before the out-patient officer, may make a few prefer the paying dispensary to the gratuitous hospital, yet provident dispensaries can never be so successful in London as they are in the country, unless the hospitals will

assist them by limiting their so-called charity. We shall soon see whether they are sincere in the desire to do this, which they have often professed. The paper we have referred to, by Dr. Bridges, remains on the official records of St. Bartholomew's Hospital, as a standing protest against the present system, and one which for very shame they must attend to. The new association will, I hope, ask the co-operation of the authorities of that hospital in founding two or three dispensaries in their neighbourhood, where the poor, who are mocked with the caricature of medical treatment described by Dr. Bridges, can obtain deliberate advice and appropriate remedies. The co-operation required would involve limitation in numbers in the out-patient room, refusal of trivial cases, and transference of such as, after a proper inspection, do not seem appropriate for out-patient treatment, to the dispensary. If this reasonable offer were refused, the public would know where the blame lies.

Meanwhile, I cannot doubt that the scheme promises equal benefits to the sick poor and to the medical profession, and I think its promoters deserve the support and assistance of the profession in their difficult and hitherto thankless labour.

I am, sir, yours faithfully,

T. HOLMES.

To the Editor of 'THE BRITISH MEDICAL JOURNAL,' July 31, 1880.

SIR,—The meeting, in March, 1870, of 156 members of the medical profession, presided over by Sir William Ferguson, and the Committee and Sub-Committees appointed by it, have at last found their appropriate outcome in the formation of the above-mentioned association, and the promulgation of its rules. The professional agency which commenced the movement was powerfully seconded by lay support during ten years of patient obscure labour; and the end was at last attained by inviting the co-operation of the great corporations of the Foresters, Oddfellows, Hearts of Oak, and other friendly societies, which represent the better half of the working classes.

A large proportion of the population of London, occupying the wide interval between the paupers who are provided for by the Poor-Law and the well-to-do classes who pay the usual professional fees, obtain gratuitous medical attendance and medicines at free dispensaries and at the out-patient departments of hospitals. The evil consequences which flow from this practice, in the concentration of the sick in unmanageable masses on a few central points, and the break-down of their habits of self-respect and independence, are well known; but sufficient attention has not been paid to the depressing effects of this state of things upon the medical profession itself. Upon this point, I would refer to Dr. Fairlie Clarke's able article on the 'Limits of Unpaid Service,' in the *Medico-Chirurgical Review* of January 1875, republished in the appendix to my paper on Metropolitan Medical Relief.

The Metropolitan Provident Medical Association may be described as a final effort to decentralise this congestion, and to bring this middle portion of our population into practical effective relation with the medical profession. As they belong to the classes who live by weekly wages, or by the precarious profits of small trades, they are soon broken down by doctors' bills; but it is possible for them to make a small continuous payment, in health as well as in sickness, on the principle of mutual assurance. At this point, the provident dispensary comes to the rescue, and arranges a *modus vivendi* for both parties. As the payments are made, not to the doctor direct, but at the dispensary, there are no bad debts, and no small bills to collect, while opportunities are afforded of acquiring valuable experience, especially in the domiciliary treatment of disease, as well as professional reputation. Compare this with the shifts to which young medical men are often put to make themselves known and to establish a practice, and it will be admitted that

the Council of the Association has solid grounds for saying that 'the popularity and usefulness of the medical profession will be increased, and its general position will be improved, by the proposed arrangements.'

The payments are higher than those under the 'club doctor' system; and they have a *bonâ fide* character given to them by several subsidiary regulations. All payments have to be made in advance; applicants actually suffering from illness requiring medical treatment pay a special entrance fee of ten shillings; and ordinary members are not entitled to medical treatment until one month after admission. Besides midwifery fees and a contingent interest in any net surplus there may be after the annual accounts are made up, the medical officers are to receive, at the end of every quarter or half-year, a fixed proportion of the amounts paid by the members registered under their respective names; and two representatives of the medical officers are to be on the managing committee. Only self-supporting dispensaries are to be admitted into union with the Association. In a mutual assurance society, self-support depends upon numbers. Four thousand members, of both sexes and every age, would give an income of at least £1,200 a year. If the alliance with the friendly societies, which has been happily commenced, is steadily developed, and the members of the lodges in each dispensary-district join the institution with their wives and children, the success of the undertaking is assured.

As this is not a charitable but a commercial system, there is no ground for drawing fine distinctions between the applicants for admission to it. If a preliminary investigation into the circumstances of applicants had been insisted upon, the Friendly Societies would have refused all co-operation, and would probably have established friendly societies' medical institutions, which are merely associated club-doctor systems, after the example of the central and northern towns. During the five long meetings occupied in the consideration of the rules, various proposals were made for allowing applicants to enter under different scales of payment, according to their presumed means, but they were all open to the fatal objection that an inquisition into private circumstances would have been necessary, besides the temptation to deception, and the sanction which a distinctive rate of contribution, however moderate it may be in positive amount, would appear to give to persons who can afford, but grudge to give, the usual professional fee. But it would be a mistake to suppose that no check is intended. Although every person residing within a dispensary-district, who is willing to make the prescribed payments, and to comply with the other rules, is 'eligible' as a member, his actual admission is 'subject to the approval of the managing committee of the dispensary'; and 'to decide upon the admission and removal of members' is elsewhere stated to be one of the functions of the managing committee. After all, the line between those who avail themselves of the mutual assurance system, and those who pay professional fees, must be drawn by personal and social feeling and local public opinion; and the managing committees could usefully interpose only by making an occasional example of a more than usually flagrant case. However this may be, there will be *some* check under the proposed arrangements, whereas at present there is *no check at all*; and the laborious and deserving portion of the medical profession, whose interests are concerned, may feel assured that their cause was maintained to the last point by several members of their own profession, as well as by non-medical members of the Council, and that the compromise finally arrived at is the best of which the circumstances admitted, and will certainly result in great benefits to all concerned if it is cordially supported by them. I am, &c.,

C. E. TREVELYAN,

*Honorary Secretary to the Metropolitan
Provident Medical Association.*

LONDON, July 17th.

To the Editor of 'THE TIMES,' September 9, 1881.

SIR,—A lad in our employ had to be at Guy's Hospital at a quarter past 11 yesterday; he never left till a quarter past six. At four he was seen by a doctor, and at six some strapping was put on his leg. This time he was seven hours at the hospital; on two previous occasions we hear he got away after four and five hours respectively. Had he been a man, with a family dependent on him, he would yesterday have lost eight hours including going and coming. Many working-men could not afford to attend on such terms. It is, of course, not the fault of the doctors, but we think the management might lighten this tax on out-door patients with a little thought, else the charity of the thing is almost nullified.

September 8.

Your obedient servants,
J. C. & S.

To the Editor of 'THE TIMES,' September 14, 1881.

SIR,—Your correspondents who sign 'J. C. & S.' complain that a boy in their employ has been compelled to wait seven hours at Guy's Hospital for surgical relief, and on two other occasions periods almost as long, and proceed to say that in the case of a man with a family a similar delay would be simply unbearable from the value of the time wasted.

This is but the re-statement of an evil the existence of which has long been acknowledged, and which is, I think, the result of several causes. In the first place, it is due, in a certain degree, to the readiness with which a large proportion of the population run after anything for which no direct payment has to be made, and is a curious illustration of their unreasoning inability to appreciate the value of lost time and other indirect expenditure. But, on the other hand, no small share of the responsibility rests upon the system of hospital management, which has devoted a large proportion of the funds—subscribed with the noblest motives for the relief of exceptional pain and distress—to the cure of the trivial ailments of persons who have no claim to be the recipients of charity. That this is so no one who has seen comfortable middle-class people with their children drive up to our hospitals in cabs, or who has noted the dress and jewellery of the people waiting in the out-patient departments, can doubt. And this indiscriminate charity has brought its own punishment, for nearly all our hospitals are now suffering from a crowd of out-patients with which they are utterly unable to deal, and who are treated in such a manner as to compel the more candid portion of the medical profession to confess the system of relief a 'sham.' In fact, these institutions are being strangled by an evil of their own creation.

The question is, then, Where is the remedy to be found? My answer is, in the establishment of a chain of independent and self-maintaining provident dispensaries on the principles of mutual insurance. This can be accomplished by the payment of rates well within the reach of the great bulk of the working classes, and would bring prompt and skilful medical aid near to the homes of all. Such institutions are now being founded under respectable and responsible auspices, and if, as I hope, they become shortly successful and general, there will be no excuse for the continuance of the present abuse. It will be equally a reproach to the individual to beg for what he is perfectly able to provide himself with, and to the hospitals to devote a large portion of their income to purposes which the bulk of their subscribers disapprove and never intended to support.

I am, Sir, yours truly,
C. J. RADLEY,

Organising Secretary to the Metropolitan
Provident Medical Association.

24 BEDFORD STREET, COVENT GARDEN.



