

REMARKS

READ BEFORE A

SUB-COMMITTEE APPOINTED TO CONSIDER

THE QUESTION OF

PROVIDENT DISPENSARIES.

By WILLIAM OGLE,

L.M. AND M.A. CANTAB.; M.R.C.P. LOND.;
FELLOW OF ST. CATH. COLLEGE, CAMB.;
PHYSICIAN TO R. P. DISPENSARY.

LONDON:

GEORGE PHIPPS, RANELAGH STREET,

EATON SQUARE.

1857.

9, *Lower Belgrave Street,*
July 1857.

The subjects treated of in this Pamphlet being those in which many will feel interested, and on which no doubt divers opinions will be held, the Author will feel greatly obliged by communications from the Profession, and others; and especially by such as (whether *adverse* or otherwise) shall be accompanied by facts.

The Author has not written without consideration, but under a sense of the vast importance of the subject to *all classes* of the community. He has examined a large number of Reports of Medical Charities, collected by himself and others, from all parts of the kingdom.

Much interesting Parliamentary evidence, on kindred subjects, has also been carefully perused.

REMARKS

*Read before a Sub-Committee appointed to consider
the question of*

PROVIDENT DISPENSARIES.

THE object of Dispensaries and similar Institutions is to *provide efficient medical aid* for those persons who are not able in time of sickness to meet such an expense, but who, being in time of health able to support themselves and their families without Parochial assistance, would feel aggrieved by being obliged, in time of sickness, to apply to the Parish Medical Officer.

It is acknowledged on all hands that the benefits of such Institutions are *not intended for those who can afford to pay a medical attendant the usual charge, nor*, on the other hand, is it advisable to extend their sphere of operation to that class *who are already provided for by the Parish.*

Hitherto the R. P. Dispensary has been carried on by means of the unpaid services of Medical Men, with the assistance of a salaried Resident Medical Officer. The necessary expenses of the Institution have been defrayed by the subscriptions of the wealthy, and the management of the whole has been conducted by a directing Committee with the aid of an Honorary Secretary.

At the present time Patients are admitted by letters of recommendation which are given by the Subscribers.

The various points in which Dispensaries established on

these principles *have partially failed* in their object, and have been found even *to act injuriously* on those for whose benefit they are formed, will appear as we proceed to point out the *superior advantages* that obtain, and the *beneficial consequences* that result from Dispensaries founded on a *Provident Plan*. See page 6.

In any change in the management of an Institution, such as our Dispensary, the interests and wishes of all who are concerned must be consulted.

We propose, therefore, to consider the *Principle and Plan* of PROVIDENT DISPENSARIES, in their bearing respectively on the wishes of the Subscribers, on the interest of the Medical Profession, and on the well-being of the Poor.

In this Sub-committee the Subscribers, the Medical Officers, and the Poor, are severally represented; the paramount claims of the latter being entrusted to the advocacy of their best friends, the Parochial Clergy.

Obviously *the Poor* must be first considered; it is for their sakes that we meet, and any Plan that is proposed is worthy of support just in proportion to its general excellence, and its efficiency in supplying their need. If our project should seem likely to benefit the Poor, beside and beyond the ostensible object of providing them with efficient medical aid, its value will appear the greater in the eye of every philanthropist.

Our *first concern then is for the Poor*—we keep before us the object in view, ‘to provide them with efficient medical aid,’ we have regard to their social position—‘they are able in time of health to support themselves and their families, with-

out Parochial assistance,' and we respect their feelings; 'they would feel themselves aggrieved by being obliged, in time of sickness, to apply to the Parish Medical Officer.'

We have to help a middle class—those who by care and industry are enabled to maintain an honest independence in time of health, but who in time of sickness, without some provision, must grievously suffer from neglect, or incur liabilities that would overwhelm them, or endanger that self-respect which it is the Englishman's pride to preserve inviolate.

And here a question will obtrude itself, which cannot, we think, be answered in the affirmative:

Do we, by our present system of Medical Charities, respect this honorable feeling?

The poor themselves say, No! else, why in so many cases do we find them apply first to the druggist, or put off in the hope that to-morrow they will be better? Making every allowance for the want of appreciation of the value of advice, for the difficulties that meet them in seeking to obtain a letter, and for the spirit of procrastination which is not peculiar to themselves, it is undeniable that many hesitate to apply for that which costs them nothing. Is not this an honorable feeling that we should cherish? Ought we not to preserve it at any cost, save that of imposing on them a greater evil?

The *principle* that we are prepared to support *holds* equally *in all charitable* efforts. We do not think that any man can *habitually* receive that which costs him nothing, unless he be absolutely helpless, without doing some violence to his *sense of justice*.

According to a Plan first proposed by Mr. Smith, of Southam, the poorest is allowed to make a payment—it is immaterial to whom—but a payment is made, and *the moral sense of justice* is preserved.

It may be well to give, at this place, a sketch of our proposed plan; this will illustrate the preceding remarks and serve to introduce those that follow.

General Plan of a Provident Dispensary.

1 The object of this Institution is to enable the Poor to secure for themselves and their families *efficient medical aid in time of sickness*, by their own comparatively small periodical payments, with the assistance of contributions from the more wealthy.

2 The payments of the Poor are to be *in proportion* to their ability to make them. [*Schedule A.*]

3 The Poor are enrolled in time of health, and, under the title of Free Members, can claim, *without unnecessary delay*, efficient medical aid in time of sickness.

4 Every legally-qualified Medical Man shall be invited to accept Patients, and to co-operate with his brethren in protecting the Institution from the abuses to which medical charities are liable.

5 The labours of the Medical Attendant will not be accepted gratuitously, but on the understanding that he shall receive an equitable *proportion* (page 20) of the payments of those Free Members who are under his care.

6 The Institution shall be under the direction of a General Committee of Management.

7 A Medical Committee shall also be formed of the Medical Men who take part in the working of the Institution. The Chairman may be other than a Medical Man.

8 This Committee shall meet at least once a month ; to it shall be submitted in the first place all medical questions. Minutes shall be kept of their proceedings for the information of the General Committee, with whom, in all questions, the final decision will remain.

9 Forms of application [*Schedule B*] for admission as Free Members may be obtained *at all times* from the Resident Medical Officer at the Dispensary. These forms, when filled up, may be presented, with a month's subscription in advance [*Schedule A*], to the Secretary, or other authorized person, once a week, and the applicant, if approved, will be enrolled, and will be *at once* entitled to the rights of Free-Membership.

10 At the earliest opportunity after enrolment, the forms shall be submitted to the Medical and General Committees, and it shall be in the power of the Medical Committee to suggest, and of the General Committee absolutely to order, the Secretary to cancel or alter the terms under which any enrolment may have taken place.

11 Free Members shall, at the time of their enrolment, make choice of their own Medical Attendant, subject only to the assent of the person chosen. The Secretary, or other person appointed to enroll Free Members, shall recommend any Member who shall ask his advice to select the Medical Man, who, to the best of his judgment, resides nearest such Free Member.

12 The name or number of the Free Member and the address, with the name of the Medical Attendant chosen, shall be entered in a separate book, kept by the Secretary for the purpose of reference.

13 In time of sickness, Free Members shall be at liberty to apply or send to their own Medical Attendant at his house, provided only that the messages must be sent before ten o'clock in the morning. During such illness the Free Members will be visited at home if the Medical Attendant think it necessary, but otherwise they will be required to attend on him at such times and place as he shall name, subject only to the approval of the Managing Committee.

14 In case of sudden illness, or of emergency in a case already under treatment, the message shall be sent direct to the Resident Medical Officer at the Dispensary. It shall be his duty to visit the Patient and prescribe what is necessary with as little delay as possible, and he shall instruct the Patient to send to his or her own Medical Attendant on the following morning.

15 A record shall be kept of all such visits by the Resident Medical Officer, mentioning the time, place, and circumstances under which they were made. This shall be submitted to the Medical Committee, and afterwards to the General Committee, once a month.

16 If Free Members instead of applying at the Dispensary send to their own Medical Attendant after ten o'clock in the morning, they will be liable to a fine—a fee to the Medical Attendant. The fee, however, will be in proportion to the ability of the Free Member; and it will be in

the power of the General Committee to remit the sum to the Patient from the funds of the Institution.

17 In cases of Midwifery, however, application shall be made at once to the Medical Attendant who has taken charge of the Patient, and not under any circumstances shall the Free Member, of her own right, make application to the Resident Medical Officer.

18 No one actually labouring under sickness can be admitted a Free Member, except on payment of an entrance fee equal to a year's subscription.

19 A fine, equal to the amount of the weekly subscription, (for every month in arrear,) will be enforced on every ticket issued; an arrear of eight weeks will disentitle the person or persons concerned from receiving any benefit from previous payments. A person so disentitled shall not be readmitted unless, in addition to the fine and arrear, the case have been submitted to and approved by the standing Committee.

20 The well-being of the community is the test to which, in the first place, every regulation should be submitted.

The scale of payment is a *graduated one*, and in this respect differs from that of other Provident Dispensaries. [*Schedules A and C.*]

Our principle being, that while we require a payment *small in proportion to the benefits offered*, it must bear some *proportion to the ability of those who make it*, it must vary with the *wages*, and allowance must be made for *the number of the family*.

We judge of *the ability of the applicant* by the particulars recorded on *Schedule B*.

When these considerations are not taken into account, the payment for a single man is the same, whether he earn 12, 20, or 30 shillings per week; and this sum is doubled in the case of man and wife; and if they bring two or more children, it becomes threefold. [See *Schedule C*.]

Our scale, however, while it gradually increases according to the total earnings of the family, admits the man and wife at one-and-a-half; and the man, wife, and children for double the payment for the man alone. A whole family whose earnings do not exceed 18s. per week, can be admitted in time of health on the weekly payment of two-pence.

By such payment he does, in effect, secure himself against a liability of from 10s. to 30s. per week expense in time of sickness.

The soundness of the principle on which the scale is founded appears in that we find it *applicable alike to the poorest as to the highest order* of Mechanic, for when it reaches this class, the yearly payment becomes considerable (though still trifling compared with the advantages secured), and a little further advance would bring us to the confines of private practice, when *assistance* is no longer necessary.

The objection that the payment is out of proportion to the benefit received is specious, but not unanswerable. We must not forget that, though the individual payments are small, they are relatively large, and the collective sum may be considerable; but it is as an effort on the part of the poor to be provident and just, that the value of the payment must be estimated by us.

We are not anxious to ignore the duty and the privilege of *assisting* our poorer brethren. We would not give them cause to think that the Dispensary is no longer a Charity; we only claim our just right to *choose the manner* of *relieving them*, and we think our Charity will not be less worthy of the name if it be with less ostentation, and more careful of public *moral* good.

The Plan we propose is, moreover, *socially* beneficial, in that it encourages a habit of providence. The improvidence of the poor affects indirectly all classes of the commonwealth.

The mode of admission, as now, by free letters of recommendation, is subversive of this principle. It partakes of the nature of indiscriminate almsgiving, which is in its effects paralysing and debasing. The same arguments that can be adduced in favor of the one, are applicable to the other. There is the same *primà facie* necessity for both; but both alike are ultimately injurious; and the intent of both can be more than fulfilled by means which are unexceptionable, and which make the act to be one of consideration, as well as of benevolence. This, at least, is not a prominent feature in the practice of admission by free letter.

On the other hand, *if you require* a payment—if you encourage the poor to make provision for the future, by *ever so small an effort*, your charitable act relieves their trouble; you also save them degradation; but more than this, you *raise them in the social scale*. Yes, surely, there is an additional beauty in the scheme, which enables them even to contribute to the relief of others, for this the Members do so long as they themselves remain in health.

If, in respect alone of *moral and social* good, PROVIDENT DISPENSARIES could assert their superiority, they would deserve your most attentive consideration.

The *superior efficiency* of PROVIDENT DISPENSARIES can also be urged as an additional recommendation ; at the same time a not unnatural desire of the poor may be indulged by allowing them to choose their own Medical Attendant. The great boon, however, to them is that *they have a right to medical aid without delay* ; whereas, under the present system, not only is the effort injurious which must be made in seeking a letter, but in other cases, when this is procured through the kindness of a neighbour, or at the expense of the patient, the unavoidable delay is too often attended by serious consequences. It is not a solitary instance that could be cited where the poor sufferer, especially in the case of children, is beyond hope of recovery, before a letter of recommendation has been obtained.

This is a grave evil which it is most desirable should be removed, and the Plan now under consideration provides an effectual remedy.

The ability of the Poor to make a payment is not matter of conjecture, nor is the salutary effect of the effort mere theoretical surmise. Both have been proved in Clothing Clubs, Coal Clubs, &c., and PROVIDENT DISPENSARIES flourish at Northampton, Derby, and elsewhere, and give results in the highest degree satisfactory. But in every town gin-palaces are a standing witness of what the Poor can contribute, though it is to their own destruction.

The very class also for whom Dispensaries are established, is that which would count it a privilege to contribute. It may

be confidently asserted (as generally true) that those who are not able or willing to make the small weekly payment, which will be expected from them, are either so poor that it would be to their advantage to be attended by the Parochial Medical Officer, (who can order food as well as medicine,) or they are those who spend their weekly pence in a manner which is highly detrimental to themselves, and to their families. It is hoped, that these latter would quickly perceive the advantages to be derived, and would follow the example of their more provident neighbours.

We conclude, therefore, that the *advantages to the Poor* are unquestionable.

They obtain, to a greater extent than is now possible, *ready assistance in time of sickness.*

They have the same privilege of *choosing their own Medical Attendant* which is in the power of others.

And they *purchase these advantages by making an effort which* cannot be considered oppressive, while it *preserves their self-respect, and* in some measure, sustains the *feeling of honest independence.*

But however desirable and needful it may be to encourage the working classes to be provident, and to give them the *assistance* they require *in time of sickness*, we could not recommend this method, unless at the same time we were prepared to *invite the Medical Profession to co-operate* with us to a much greater extent than at present. We cannot think it impossible (though where such important interests are concerned it may be difficult) to offer terms which, while they leave abundant scope for the exercise of that benevolence which is characteristic of the Profession, will *not* leave room

for the assertion that it is called upon *to make an act of self-sacrifice*.

The professional bearing of the question is one of some delicacy, but inasmuch as no scheme for providing efficient medical aid can succeed without the cordial co-operation of your Medical Officers, and every act of theirs has a direct bearing on the Profession, and indirectly, through them, on the Public at large, this view of the subject is hardly of less importance than the former.

It need not, however, be considered separately, but only incidentally, as heretofore.

The principles we have advocated as regards the poor, may safely be judged on their own merits.

If it were possible to conceive that that which seems best for the Poor takes no account of the interest of the Medical Profession, we might judge the scheme *impracticable*, but its merits would not, in other respects, be the less; but if it should appear, as is natural to expect, that the interest of one Member harmonizes with that of the whole body politic, we shall be the more encouraged to surmount any other obstacles that may arise.

We now proceed to address our *Subscribers* and the *Public at large*.

Every argument that can be urged to prove that an Institution is, in its working, advantageous to the Poor, is a claim on all for support; and every fact that has been adduced to show that *Provident Dispensaries are superior to other Dispensaries*, constitutes an additional claim on our former Subscribers. If what we have stated be true, the sympathy of all should be excited, the fervour of former friends should be increased.

There will be need of this increase of energy and zeal, for we propose to ourselves a course of action, not only more sound in principle, but in operation more efficient.

The noble institutions of this metropolis are proof that we are surrounded by those who are willing *to help the Poor*. *This is our special object*. With this object before us, and proceeding on sound principles, it can be but necessary to state what funds will be required.

We ask not, first, how much money have we in hand? nor how much money can we obtain? These necessary enquiries are second to the question, "*How much money shall we want?*"

Medical Attendance must be provided; a supply of *Medicine* must be at command; *a building* also is found necessary for the centralization of our efforts.

These means have been used hitherto—past experience urges us to suggest, that *Nurses also* should be employed.

The attention of the public is now happily roused to the importance of providing Nurses for the sick; we have not as yet been able to employ them, owing to want of funds.

While, however, we acknowledge with regret the absence of this agency in our Dispensary, we congratulate ourselves that we give no countenance to a practice of a by-gone age, by the employment of Midwives *in the place of* Medical Men: as attendants they are most proper, as substitutes they are productive of untold mischief. We fear that the uncontrolled facility with which women can enter on this practice, and the encouragement that is given to Midwives through false economy, are at the root of the proverbial ignorance and presumption of Nurses.

We trust, therefore, that although Midwives, as a class,

receive no countenance, we shall be able by the funds at our disposal to employ Nurses; and it may be, to train women for this noble work, who will be a blessing to the neighbourhood.

As regards the *supply of Medicine*, we have no new suggestion to make, the present plan being admirable. Obviously with respect to *the quantity and the quality* administered, it *should be left* as now, *to the unbiased judgment of the Medical Officers*; we would only remark that the practice in certain Provident Dispensaries of setting aside the payments of Free Members, on the understanding that the drug bill is to have a first claim, and that *the residue* is to be divided among the Medical Attendants, is not praiseworthy. Such a principle does not accord to the abilities of the Medical Attendant a proper position. It moreover leaves room for the imputation, that motives of *self-interest may interfere* with the choice of the best means that should be used.

The provision of *Medical Attendance* next demands consideration. Hitherto it has been customary for the Subscribers to furnish the necessary Medicine, and to pay the salary of a Resident Medical Officer. The time of the latter is fully occupied as a dispenser, and by the visits in cases of sudden illness, which must occur among so large a number as are in the habit of coming to the Dispensary.

The *general attendance* upon the sick is entrusted to a staff of *Honorary Medical Officers*, who are selected from time to time as vacancies occur, and *accept the honor in place of remuneration*.

It is, however, supposed that such posts are introductions to private practice, and *the eagerness with which the appointments are sought* when vacancies occur, *seems to justify the conclusion that it is commercially worth while* to obtain and hold such positions without pecuniary reward.

This inducement, *if* allowed greater prominence as a motive than is admissible in every case of private practice, becomes in the highest degree objectionable. In principle, at least, it *takes no account* of the interest of *the patient*, and thus it is *unworthy* of an honorable mind, it is *painful* to a sensitive one, and it *deprives the Medical Attendant of that best* return, which is perfectly compatible with the highest scale of remuneration, and which invariably accompanies the conviction, that he is actuated by a sense of duty.

In truth there is a *secret pleasure* in the duties of a medical man, which follows, as a natural consequence, on the exercise of his noble calling. There is a *reward* in being the means of *relieving suffering*, which is not derived from personal aggrandisement; there is a *present enchantment* in the path of *science*, which is *more* attractive than the *hope of future gain*; there is a *recompense* in the face of a friend which the hand of a *mere paymaster* cannot supply.

These are the *returns* which every *Medical Attendant* values most highly, and he obtains them alike from the rich and from the poor. The *payment in money* is in all cases *but a part*, and in many cases of necessity but a small part, of his reward. The variety allowed by custom in the scale of charges, is a tacit avowal that the fee is oftentimes, we

say not always, but oftentimes, received not as payment, but as a supplement, without which the patient must feel that thanks are mere words.

We should not omit to mention another motive higher and holier than all, wanting which all other principles of action are deficient, in the presence of which none other need be named, but our argument only takes account of motives purely professional.

The evidences of these incentives to self-denying exertion may be thankfully received by us, as a guarantee that the work will be well done, and if we believe them to exist, we are under the greater obligation to acknowledge them.

This view of the question enables us to give to our poorer brethren the benefit of those principles which obtain and are judged safe and honorable in reference to ourselves. It need not be supposed that medical men are impelled by hope of prospective gain, *more than* those of other callings, and the payment that they may receive in such cases as the present, where, after all, they must be chief almoners, is a point that much concerns the subscribers who employ them.

It is for the Subscribers to say whether they are willing to allow the Medical Profession to make so large a personal sacrifice of that which is their daily bread; whether in this work of charity the major part of the undertaking shall devolve upon a small body who are oftentimes least able to contribute.

We believe that *this question has never been fairly considered because of the difficulties* that beset it. Our own Dispensary is not singular in having a constant struggle to

meet the annual expenses of rent, drugs, &c. How can we hope, in addition, to pay for Medical Attendance on from four to five thousand patients ?

Fortunately the *Provident Plan*, in a *beneficial and natural* manner, *points to a solution* of this problem, and at least affirms the principle that these services ought to be remunerated.

We accept the payments of Free Members as their effort (*according to their ability*) to provide for themselves that which otherwise they must beg. The *subscriptions* of the wealthy, and the *payments* of Free Members, *proceed "pari passu"* to the accomplishment of one and the same object, alike to procure skilled attendance as to pay for the necessary Medicine.

We have already intimated that it would not be giving proper consideration to the subject, to divide a residue among the Medical Officers ; because, even if it were established that the fund so divided would be sufficient, there ought not to be ground for the assertion, that it is to the interest of the Medical Attendant to act otherwise than simply for the good of the patient.*

In all kinds of practice, it is manifestly *to the injury of the patient*, and a fruitful source of annoyance to both patient and Medical Attendant, *that any course of action*, whether as regards number of visits, or quantity or quality of medicine, *should be hampered by the suggestion* expressed or implied,

* It is painful to reflect, that the system of Poor-law medical relief is in this respect so defective. In one part of our own district, the rate of remuneration, *per case*, for medicine and attendance (1856-7) was only 1s. 7d. ; a sum barely sufficient for medicine alone.

that self-interest can in any way interfere with so momentous a question, as what course is best for the good of the patient.

We leave it to the Profession and the public to imagine how difficult this is, when every visit is (or ought to be) concluded by a fee, and every fee is expected to be preceded by a prescription, or, according to a custom which is happily becoming less general, when the fee is tacitly included in the profit, which belongs more properly to the druggist.

We cannot hope to secure the countenance of the Profession, if we proceed on principles which foster these evils. *The payment of the Medical Attendant should be distinct* from all other payment, and not be a residue on the one hand, nor, on the other, masked under the title of *honorarium*. If it be a *fixed sum*, it *should be an equitable return* for his services. But obviously, in cases like the present, a fixed sum would be a great difficulty; it would be difficult to decide the amount; it would perhaps be difficult to raise it. All difficulties, however, would be obviated, and sound principles alone would be sanctioned, by giving to the Medical Attendant a certain proportion—say three-fourths—of the payments of the Free Members. It would be in the power of the Subscribers, by their liberality, to extend this proportion; *but a proportionate payment is that which alone seems possible and free from objection*. The only class of cases to which it would not be applicable, are the *cases of midwifery*, and in these, as the service is definite and the labour considerable, *the minimum payment ought to be fixed and adequate*. We have no doubt that where the amount paid by the Free Member is inadequate, the deficiency will be willingly supplied by the honorary Subscribers.

It will then be in unison with the spirit of our undertaking to *invite the co-operation of the Profession* in the neighbourhood; at first, we would suggest, of those who have already enjoyed the confidence and raised the character of our Institution, and subsequently of others. This would be *an additional boon to the poor*. They would not as now lose the services of your Medical Officers just at the time when it is natural to conclude that they become most valuable. The Profession also would not as now be deprived of those patients, who leave them because they are *too honest to incur a debt*, which they may not be able to pay. They would moreover have an opportunity of devoting a portion of their time to *patients of an humbler class without ostentation*, and without being obliged to descend to any announcement of "*Advice Gratis*," which, when systematic, is so liable to abuse, and of which the motive is so open to misconstruction.

The only objection that we think worthy of special notice, is that which arises under the following circumstances.

Cases will undoubtedly occur *in which* it will be most desirable to give medical aid without delay and without cost to the patient, and this not only on account of the public good, but also by reason of the necessities of the sufferers; from accident or misfortune, they may have been prevented from enrolling themselves as Free Members.

These cases, however, are exceptional, and should be provided for without sacrificing a principle established for the general good.

In the absence of any public provision, relief could only be given by a private person, who must send his own Medical Attendant at his own charges; but, by means of association,

persons can exercise this charity to a much greater extent, and at a far less expense, than if they acted singly (and this is a privilege which the Subscribers, and the Subscribers only, or persons deputed by them, can rightly claim.)

But *to give to every Subscriber* a certain number of *free letters, however few, would be giving more than is due*, if, as we have assumed, the payments of the Free Members are to be as small as possible, and the Subscriptions are merely to make up the deficiency. It would also be giving to many a *privilege which they cannot exercise without the risk of doing injury to others*, for a patient cannot be safely recommended by a person who has not time or opportunity to enquire into the circumstances of the applicant. Every such recommendation would be a public notification that, under certain circumstances (which cannot be clearly defined), a free letter may be obtained. *The difficulty of obtaining it is not thought of till it is felt, nor till the time arrives at which it is most desirable that every difficulty should be removed*; so that *even a limited supply of free letters* entrusted to those capable and willing to discriminate (if it were possible to make a selection) *would be an evil*, while the supply to any extent committed to others, who have not the time and opportunity, would be destructive of those Principles of Providence and Honest Independence, on which we hope to see the R. P. Dispensary established.

These exceptional cases, therefore, can only be fairly met by allowing the Subscriber (to whom the circumstances are known and who alone has a right) to recommend them on the same terms on which others can be admitted, who have not made themselves Free Members, that is to say, by the

payment of an entrance fee equal to a Free Member's annual subscription.

The *consideration* that this act would imply, is only such as it is *reasonable to ask*; there would be a *salutary check* against the admission of improper objects; and the *difficulty* that would be experienced would at least be a standing witness that such a mode of admission is strictly exceptional, and the Principles of the Institution would be maintained.

The hardship upon the Poor, till the sympathies of the wealthy could be roused to give freely, and to see the necessity of acting with judicious discrimination, *would be great, were it not that a legal provision is made*; and if that be not sufficient, it is the duty of all to demand that the want should be supplied, *not by the uncertainty of Charity*, but by that to which those who need can legally make claim. It is, moreover, to the interest of all to see that this want is supplied. The welfare of the public is at stake in every case of illness, both as regards the sickness itself, which may spread, and as regards the consequent poverty which must be relieved.* How important, therefore, is it to provide efficient medical aid without delay, and, if possible, in a manner that cherishes the inborn spirit of independence!

We would urge upon our Subscribers but one more reason for the continuance of their support. We hope to see our valuable Charity henceforth a Provident Dispensary; we ask the Poor to look forward and make provision, according to their ability, for an evil day. Let us act upon the

* "The number of paupers, made paupers through sickness, constitute seventy-two per cent. of all those made paupers through all causes."

same principle, and by means of a sinking fund (which the remaining proportion of the Free Members' payments would well supply), let us make provision for times of extraordinary pressure to which Societies, no less than individuals, are liable.

With these remarks, we commend the *Principle* of Provident Dispensaries, with confidence, to all who take a special interest in the well-being of the Poor.

We ask not our former friends to increase, but to continue their subscriptions, to bring the Charity under the notice of others, and especially of those who have time at their disposal.

Most valuable are the services of those who can act as Members of the *Managing Committee*.

Without the support of an efficient Standing Committee, the labours of the different Officers would be incalculably greater, and their effective union impossible. *The Medical Officers*, especially, are strengthened by the assurance which they feel, that they are in the hands of gentlemen, who can fully sympathize with them in their oft-times trying position. The *Poor*, too, though they may be less conscious of it, are indebted for the very existence of the Charity to the intelligent and disinterested co-operation of the Committee; and we cannot for a moment doubt that the general body of Subscribers will willingly afford them such assistance, in the way of salaried Officers, as circumstances shall require.

The foregoing Report contains a statement of the points, which in succession, received careful consideration; and the Sub-committee adopted the following *Resolutions* :—

That PROVIDENT DISPENSARIES are more likely to be beneficial to the *physical, social, and moral* well-being of the Poor, than Dispensaries, where medical aid is granted free of all charge.

That PROVIDENT DISPENSARIES are likely to be beneficial to the Medical Profession, because, while they promise superior advantages to the Poor, they offer some protection against those evils to which every system of gratuitous advice is liable.

That PROVIDENT DISPENSARIES, *inasmuch as they are likely to be more advantageous to the Poor*, are worthy of the liberal support of the Public, and that this support is still called for, as the Poor cannot be expected to contribute more than a fractional part of the necessary expenses.

Signed on behalf of the Sub-Committee.

SCHEDULE A.

It is the *principle* in this Schedule that should be noted; experience may require certain modifications.

Weekly earnings of whole family . .	18	26	34	42	50	58	66	18	26	34	42	50	58	66
PAYMENTS.														
	PER WEEK.							PER MONTH.						
For each Man or Woman above 14 years, or all the Children under 14 years	1	1½	2	2½	3	3½	4	4	6	8	10	1.0	1.2	1.4
Man and Wife, or single Parent and Children	1½	2½	3	3¾	4½	5½	6	6	9	1.0	1.3	1.6	1.9	2.0
Man, Wife, and Children	2	3	4	5	6	7	8	8	1.0	1.4	1.8	2.0	2.4	2.8
Confinement*, to be paid one month previous	5.0	7.6	10.0	12.6	15.0	17.6	1.0.0	—	—	—	—	—	—	—
Entrance Fee, if admitted in time of sickness	5.0	7.6	10.0	12.6	15.0	17.6	1.0.0	—	—	—	—	—	—	—
Deposit on application, i.e. one month in advance	4	6	8	10	1.0	1.2	1.4	—	—	—	—	—	—	—
Fines, for each mo. in arrear	1	1½	2	2½	3	3½	4	—	—	—	—	—	—	—
For sending for Medical Attendant, except according to rule 3, p. 8, § 16	1s.		2s. 6d.			3s. 6d.		—	—	—	—	—	—	—

* All the family being Members.

SCHEDULE B. (See page 10.)

Registered Number.	Name and Address of Applicant.	Ages of Adults, & of oldest and youngest child.	Total No. in family.		Rooms occupied.	Average Weekly Earnings of family.	Name and Address of		Additional Remarks.
			Adults.	Children.			Landlord.	Employer.	
1011	Thompson, 11, Brewer-street	35 25 7.3	2	5	2 5/6	36	Smith, 11, Elizabeth-street.	Jones, 101, Mount-street	Out of work 3 months last winter, wife delicate.
1012	James, Mrs., and family, 3, Ebury-place,	45 17.9	1	3	1 3/4	17	Jennings, 11, Vine-street.	Various.	Widow — eldest child in service, 2 ch. at home.

SCHEDULE C.

Scale of Charges made at the following Provincial Dispensaries.*

PAYMENTS PER ANNUM AT	Brighton	Coventry	Derby	Northampton	St. Mary	St. Peter	Paddington	North Pancras	Hampstead
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
For each Member under 12 years	2 2	2 2	2 2	2 2 <i>i</i>	2 2	2 2 <i>a</i>	2 2 <i>a</i>	—	2 2
„ „ above 12 years	4 4	4 4	4 4	4 4	4 4	4 4	4 4 <i>a</i>	4 4 <i>c</i>	4 4
„ two or more Children . .	4 4	4 4	4 4	4 4	4 4 <i>b</i>	4 4	10 10	17 4	9 9 <i>f</i>
„ Man and Wife	8 8	8 8	8 8	8 8	8 8	8 8	6 6	12 4	6 6
„ Single Parent and Children	8 8	8 8	8 8	8 8	8 8	8 8	8 8	13 0	7 7
„ Widow and Children . . .	8 8	8 8	8 8	8 8	8 8	8 8	8 8	13 0	8 8
„ Women self-dependent . .	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4
„ Male Servants	5 0	5 0	—	5 0	10 0	7 0	—	8 8	1 0 <i>e</i>
„ Female Servants	5 0	5 0	—	5 0	8 0	5 0	—	8 8	1 0 <i>e</i>
„ Members of Benefit Societies	4 4	3 0	4 4	4 4	4 4	4 4	4 4	8 8	4 4
Confinements	10 0	10 0	7 0	5 0	10 0	10 6 <i>ad</i>	10 0 <i>a</i>	7 6 <i>a</i>	10 0 <i>b</i>
with previous Membership of	6 mo.	1 mo.	—	6 mo.	3 mo.	2 mo.	2 mo.	2 mo.	6 mo.
For every Month in arrear . .	1 <i>d.</i>	1 <i>d.</i>	$\frac{1}{2}$ <i>d.</i> $\frac{1}{2}$ <i>d.</i>	—	—	1 <i>d.</i>	1 <i>d.</i>	1 <i>d.</i>	$\frac{1}{4}$ <i>d.</i> $\frac{1}{2}$ <i>d.</i>
Weeks of Arrear allowed before erasure	4 <i>f</i>	4	12	5	—	8	4	8	12
Deposit on application for enrolment	4 <i>d.</i>	4 <i>d.</i>	<i>h</i>	—	—	4 <i>d.</i>	—	4 <i>d.</i>	1 <i>s.</i> 4 <i>d.</i>

* The unequal pressure of this scale is pointed out at page 10 of Report.

Explanation of Signs to denote Extra Conditions.

a whole family being Members; *b* one parent being a Member; *c* the payment is double if the adult be above 18 years of age; *d* the infant enjoys rights of Membership for one month after birth; *e* not thereby entitled to attendance whilst in service, nor after having been out of place three months; *f* all previous payments being forfeited; *g* entrance fee 1*s.*; *h* enrolled without delay; *i* one child is free if *a*.

1½	2
2	3

Price 6d. ; free by post for seven stamps ; or six, post free, for thirty stamps, on application to the Publisher.

1	2	3
4	5	6
7	8	9
10	11	12