

For something near six years, if not more, there have been no confirmations even, except in Jerusalem and Egypt. Bishop Barclay had laid plans which he was about to carry out when he was suddenly called away. If his successor will come to us with a firm faith in the power of the Gospel, in a spirit of humility, and with an earnest spirit of prayer, and will work in entire harmony with the two Societies, we may then look in confidence for abundant blessings to descend upon this land—once so honoured, now so down-trodden, yet in the future to be so highly exalted through the presence of her glorious King.

A. HASTINGS KELK.

Christ Church, Jerusalem.

ART. V.—MODEL ARRANGEMENTS FOR THE
SICK POOR.

IT is now about half a century since the Provident system of medical relief was first tried in this country. For some time it made little or no progress; but during the last few years it has taken a fresh start. The vast increase in the numbers, in the wealth and in the political power of the working classes, renders every subject which affects their well-being a matter of importance to the nation at large. In particular it is felt to be most desirable to cultivate habits of prudence, forethought and self-reliance. For these reasons the Provident system now stands high in public favour. It has been adopted by some of our most eminent social reformers. Provident dispensaries, and kindred institutions, have been opened in many towns and villages; and at the present time a great scheme is being developed, under the name of "The Metropolitan Provident Dispensaries Association," with the view of giving the working people, in every district of London, the means of insuring themselves against the expenses of sickness through the agency of Provident Dispensaries.

My present object, however, is not to speak of the Provident system in general, but rather to direct attention to a particular locality in which it has been actively developed, and in which the medical arrangements for the relief of the sick poor are singularly good. This locality is Battersea—a parish which is in some respects remarkably well suited to form a field for enterprises of this kind.

The old parish of Battersea has of late witnessed great changes. At the beginning of last century it was the chosen home of the famous Lord Bolingbroke. His splendid residence was on the

banks of the Thames, next to the parish church. Antiquarians may still see a wing of the mansion, with a cedar-panelled room, within the yard of the adjacent flour-mill. Bolingbroke's monument, designed by Roubillac and adorned with characteristic sculpture by his own hand, is in the gallery of the church, whose quaint spire is a familiar object by the river side. But Bolingbroke would no longer recognize the picturesque little village of his day. The improvements which have been made in the central parts of London have driven artisans into the suburbs by thousands and tens of thousands. Before this emigration commenced, Battersea had already become a great centre of railway traffic. Almost all the railways to the south of the metropolis converged at Clapham Junction, and Clapham Junction is about the geographical centre of Battersea parish. What then could be more natural than that the working people should seek fresh homes in the neighbourhood of Clapham Junction, from whence they could be conveyed by rail to every part of the metropolis?

Thus the river-side village gradually extended itself to the south and south-west. The fine old suburban residences of rich citizens and wealthy gentry have been bought by speculative builders. Among others, the estate of Broomwood, the home of William Wilberforce, has quite recently been cleared and cut up by roads; while only this year Lavender Sweep, which is associated with the name of Tom Taylor, has been sold for building purposes, and already a street has been carried through it. In this way many acres of ground have been covered with small houses. Though in the lower parts of Battersea there is doubtless much squalid poverty, yet a great portion of the area of the parish is occupied by dwellings for a high class of artisans.¹

Battersea, as it now stands is, as it were, an entirely new town, which may well demand new arrangements for medical relief.

Such is the site on which the various institutions we are about to describe have been erected.

It is the boast of Englishmen that no one need suffer the extremity of want, or die untended, if only he will accept the charity which the State has provided. With regard to the sick, our Poor Law, as amended by the Act of 1868, supplies all that can reasonably be expected. Where the Workhouse Infirmary

¹ The increase of the population has been astounding. Thus—

In 1841	it was	6,617
„ 1851	„	10,561
„ 1861	„	19,582
„ 1871	„	53,988
„ 1881	„	107,199

And if it continues to increase at the same rate, it is estimated that by 1891 the population will have reached 147,000.

is well administered, it provides the patients with everything that is necessary. And, indeed, they may now receive, through this agency, or when transferred to a Sick Asylum, as good treatment as they can obtain at any charitable hospital.

The Infirmary of the Wandsworth Union is an admirable specimen of its class.¹ Thus the sick poor of Battersea, who have occasion to ask alms of the ratepayers, are met in a kind and liberal spirit. The charity, which the Poor Law affords them, is dealt out with no grudging hand. So that, as far as this class of the population is concerned, the arrangements are all that could be desired.

But it is a more difficult matter to know how to provide during the time of sickness for the class who are immediately above the paupers.² It has been the custom hitherto to provide for the medical wants of this class by charitable dispensaries and hospitals; and there can be no doubt that these institutions have done much good. Whatever alterations may now be required, in consequence of the altered state of society, we must never forget to give the charitable dispensaries and hospitals the meed of praise which they deserve.

The dispensaries not only receive patients at their consulting rooms, but they also undertake to visit the sick poor at their own homes. This has always been a very valuable feature in the work of the dispensaries, and must have brought an infinite amount of relief and comfort into many a poor man's family. But it is obvious that cases must constantly arise of such a serious, or of such a chronic character, that they cannot be adequately treated in a working man's home. Hence arose the need for charitable hospitals. At first these institutions confined themselves to receiving in-patients; but gradually they developed out-patient departments as well, and now these out-patient departments are conducted upon a very large scale.

Such is the provision which the voluntary benevolence of the public has made for that class of the community who are above

¹ It is a modern building, and, at the time of its erection, the Guardians did their utmost to secure thorough efficiency by consulting various experts, and, amongst others, they took the advice of Miss Florence Nightingale. The structural arrangements are good, the wards are large and airy, the nursing is under the superintendence of trained and paid nurses; while the position of the medical officer has been greatly improved by the erection of a separate villa for his residence.

² Notwithstanding all that was done by Lord Cranbrook's Act in 1868 to improve the Workhouse Infirmarys, there is still a great prejudice against them in the minds of the poor. The effect of this is that few or none will enter the infirmary unless they are driven to it by the pinch of extreme poverty. Those, therefore, who administer Poor Law sick relief may be tolerably sure that the applicants need the charitable assistance they obtain; and if they need it, it is likely to do them nothing but good.

the level of pauperism, but who, nevertheless, are not in a position to pay a doctor of their own. And a splendid provision it is! The number and magnificence of our charitable institutions for the treatment of the sick poor is the admiration of foreigners; and there can be no doubt that the care which is thus shown by the rich for their poor and suffering neighbours helps to bind different classes together, and gives strength and stability to the foundations of English society.

The number of dispensaries and hospitals in London alone is rather more than one hundred; and the number of individuals who annually avail themselves of the dispensaries, and of the out-patient departments of the hospitals, is fully one million.

Now, when we ask who they are who constitute this enormous number of persons, we find that they belong to various grades in society. Perhaps one-third, or one-fourth, belong to that class for whom the charitable relief of the dispensaries was originally intended, and whom we may distinguish as the struggling poor—those who need a helping hand to enable them to keep their heads above the level of pauperism. To assist such persons in a suitable and judicious manner is a true work of charity.

But of whom are the other two-thirds, or three-fourths, composed?

A few of them—let us say, 2 or 3 per cent.—are persons who have no claim at all to charitable relief. They could quite afford to engage a medical man of their own, and to pay him his ordinary charges. Such persons ought, whenever they are detected, to be rigorously excluded from the out-patient rooms. They are taking a mean advantage of the charity which is intended for others, and they ought to be dealt with accordingly.

If now we set aside this comparatively small number, it would appear that the great bulk of the applicants belong to the well-to-do work-classes—persons who are earning from 25s. to 50s. a week, and who can live in tolerable comfort, with a small margin to spare. Such persons, it is true, could not afford to pay a heavy doctor's bill, but neither, on the other hand, ought they to be encouraged to rely upon charity. If the great bulk of the industrial classes is to look for gratuitous assistance in time of sickness, what has become of the independence and self-reliance of the English nation? Sooner or later, sickness is almost as certain to arise in every family as is the need for food, for clothing, or for education. Is provision to be made for these latter wants, and is no provision to be made for the former? Is there no plan by which the working classes can be provided with medical attendance and medicine on terms suitable to their wages, so as to relieve them from the temptation of thus leaning upon others? Undoubtedly there is. This is just what the Provident system aims at doing; and it is certain that, if it were

generally adopted, it could supply the best drugs, and the most efficient medical attendance, on a scale of charges that would be within the reach of almost all who are above the level of pauperism. This has been proved beyond a doubt. The experiments which have been made upon a small scale show how efficient the system might be made, if it were adopted on a large scale.

Let us now see what provision has been made for the working people of Battersea on the Provident system.

In 1844, a charitable dispensary was founded in the parish. This mode of administering medical relief might be well enough in a village, where every really poor person was known; but in a populous suburb, such as Battersea was even then becoming, it was calculated to develop serious abuses. And not only was the principle upon which the dispensary was founded a faulty one, but the institution itself could hardly be said to have a very vigorous existence. Accordingly, in 1876, it was converted into a Provident Dispensary. From that time to the present it has gone on growing in extent and in usefulness. The Honorary Subscribers have shown a lively interest in the institution. The number of benefit members has steadily increased: while a sum proportionate to the services required of them has been set aside as an honorarium for the medical officers. If we turn to the Report for 1881, we find that over 8,600 persons were members during the year, and they received nearly 27,000 attendances from the medical staff—about one-half of these being at the patients' own homes, and the rest at the Dispensary. The financial position of the institution is said to be equally satisfactory. The balance available for division among the medical officers, after paying rent, dispenser, drugs, &c., was £617. This sum, by the rules, was divided according to the number of patients who had entered their names on the list of each medical officer; so that the payment bears an exact relation to the work done.¹

¹ The following figures give a clear view of the progress of the Dispensary, and show the number of members, and the sum divided among the medical men, since the institution was put upon its present footing:—

In 1876	3,634	£112
„ 1877	4,006	£242
„ 1878	4,784	£271
„ 1879	5,016	£355
„ 1880	6,160	£415
„ 1881	8,639	£617

The remarkable increase in 1881 was due to the fact that a collector was appointed to call on the members and to receive their subscriptions. Thus they were reminded that their payments were due, and were saved the time and trouble of going to the Dispensary.

Among so many members it will easily be understood that cases not unfrequently arise which require in-patient treatment. But the two nearest hospitals, St. Thomas's and St. George's, are both about four miles distant. Moreover, both of these institutions rest upon a charitable basis. The former was founded by endowment for the sick poor, and the latter is supported by voluntary contributions for the benefit of the same class. Neither the one nor the other contain an element of self-help, such as it was the desire of the Battersea Committee to promote. Apart from this objection, four miles is a long distance to convey people who are so ill as to require in-patient treatment, and it is a long distance for their friends to go on visiting days. What could be more natural than that the managers of the Provident Dispensary should think of starting a new hospital in their own district, and placing it, as far as possible, upon a self-supporting basis?

Just at this time the fine old mansion, called Bolingbroke House, was offered for sale. It stood in a very healthy situation on the edge of Wandsworth Common, so that the principal frontage could never be injured. It was originally built for Mr. Willis, the banker; and though only four miles from Charing Cross, it was then a country seat, surrounded by a well-wooded park, with a lake and many acres of demesne. Already, in 1878, the extensive grounds around the house had been laid out for streets, and it was a question whether the mansion itself should be demolished to give place to small tenements. At this point Canon Erskine Clarke, the Vicar of Battersea, stepped in, and bought Bolingbroke House for £4,000, with the view of its being converted into a pay-hospital. The mansion itself, substantial and spacious, is well adapted for the purpose; and, as it occupies the entire space between two roads which have been cut at right angles to Wandsworth Common, it has a frontage on three sides, while the pleasure grounds which surround it secure an open space at the back. There is, therefore, a free circulation of air; and as the house looks out upon the fine elms of Wandsworth Common, it is likely for many a day to retain something of its rural character. When the house had been secured, an appeal was made for donations, in order that it might become a public institution; and the late Mr. Philip Cazenove headed the list with £500. Other donations have since been received, bringing up the total to £6,000.

But in the meanwhile additional expenses had been incurred besides the purchase-money.¹ The result is, however, very satis-

¹ The sanitary arrangements of the mansion were revised by Mr. Frederick Beeston, of Lincoln's-Inn-Fields, who gave his professional services as a donation to the experiment. It was found also that altera

factory. The hospital stands on freehold ground, and certainly if it had been built *de novo* at the present day, the cost would have far exceeded £10,000.

About the same time that Bolingbroke House was purchased, it was thought desirable to open a second Provident Dispensary for the Wandsworth Common district, as the Battersea Dispensary was too far off for the convenience of the residents in that neighbourhood. A local committee was formed, and the Wandsworth Common Provident Dispensary was opened in 1879. Some good basement rooms in Bolingbroke House, as well as apartments for a resident medical officer, were placed at the service of the Committee; and there the Wandsworth Common Provident Dispensary has been carried on ever since. It forms, in fact, a provident out-patient department for Bolingbroke Pay-Hospital. This second dispensary has also steadily advanced in numbers. The following figures show the number of its members in each year:—

In 1879	.	.	.	.	.	972
„ 1880	.	.	.	.	.	1168
„ 1881	.	.	.	.	.	1266

The medical officer of the Dispensary also acts as house-physician to the hospital, taking a general superintendence of its medical arrangements, and looking after in-patients under the direction of the visiting physicians and surgeons.

In December, 1880, the first in-patient was received into Bolingbroke Hospital, and from that date up to October 31, 1881, thirty-four patients have been treated in its wards. These persons have all contributed something, in proportion to their means, towards the expense of their maintenance, it having been found the best plan not to make fixed charges, but to inquire into the circumstances of each patient, and to require such a payment as he could reasonably afford. The individual payments have ranged from 12s. 6d. to £3 3s. per week; the latter charge being for a private room. The majority of cases have paid £2 2s. a week. The average weekly payment from each patient has been £1 10s. 6d.; and the total paid by patients has been £203 13s.

Each patient has cost, on a weekly average, £2 5s.¹ The

tions had to be made in the drainage; some of the internal fittings had to be modified; the grounds had to be enclosed, and the roads completed; and in due time some of the wards had to be furnished. All this involved an expenditure of nearly £3,000 in addition to the purchase-money.

¹ In arriving at this calculation certain charges have been included which are incident to the first establishment of the hospital. It may therefore be safely concluded that the average cost will in future years be less, because a staff of attendants had to be maintained for several months to prepare the house for the reception of patients. It is also

patients' payments have already defrayed 67 per cent. of the expenditure; and the Secretary expresses his confident opinion that, if all the beds were filled, and the weekly average payment of £1 10s. 6d. were maintained, the hospital would be self-supporting.

Of the thirty-four patients admitted, twelve were men, and twenty-two women. Many cases had, for various reasons, to be refused. Incurable cases, or cases of insanity, fits, &c., are, by the rules, inadmissible. A considerable proportion of applicants who sought to make the hospital their last home, or who proposed an altogether inadequate payment, were also declined.

Notwithstanding the great difficulty of making known the existence and advantages of a fresh institution, which can only be done by expending a large amount in advertising, it is interesting to observe, that of these thirty-four patients, eleven came from Battersea, fifteen from other parts of London and its suburbs, five from the provinces, and three from abroad.

Of those patients who resided in Battersea, six were members of the Provident Dispensary, which may be regarded as the out-patient department of the hospital. These six would have found ready admission to any of the charitable hospitals, and would, probably, have resorted to one or other of them, had there not been such an institution at hand as a Pay-Hospital, where they could obtain the medical assistance they required without sacrificing their independence and self-respect.

The first Annual Report of the hospital, from which these particulars are taken, gives a list of the occupations of the thirty-four in-patients; and it shows that they belonged, almost entirely, to the lower middle-class—just that class upon whom severe sickness falls the most heavily, and who would certainly, in most parts of the country, have to apply to a charitable hospital. And yet it is highly undesirable that such persons should be led to regard themselves as "objects of charity." They are able and willing to pay something for themselves, if only they could turn at once, when sickness comes upon them, to such an institution as Bolingbroke Pay-Hospital, where they would receive all the medical care and attention that their case required, and where also a kindly consideration would be shown for their pecuniary circumstances.

In order that the payments may fall still more lightly upon those who are disposed to use the hospital, the managers have been considering whether they could introduce a *system of*

obvious that with an increase in the number of patients the charge per head will proportionately decrease, as the same staff will probably be sufficient to attend upon twice the number.

insurance against the expenses of severe sickness. The Provident Dispensaries now offer a system of insurance against the expenses of slight sickness. Why should not the same principle be carried a step further? As far as we can see, there is no reason why it should not, though the details may be difficult to arrange. The lower-middle and industrial class can rarely save much. But they can *insure* in many different directions. And a fresh line of insurance would be opened up before them, if the plans which the managers of the Bolingbroke Hospital have under consideration could be popularized. Perhaps a beginning could be made by offering the members of the Wandsworth Common Provident Dispensary to insure a fortnight's in-patient treatment per annum (if it was deemed necessary), on payment of double rates. Or the advantages of the hospital might be thrown more widely open, and any person who was willing to pay regularly 5s. a quarter might become entitled to the same privilege. If these rates were not suitable, a little experience would show in what way they ought to be readjusted.

Thus we have surveyed the arrangements which have been made for the sick poor in a single parish. If similar arrangements could be introduced into every parish, their beneficial effect upon the moral and social condition of the working classes would be incalculable. Sooner or later sickness enters into every family, and not unfrequently drags it down into poverty. But if a scheme of Sick Insurance could be devised, which would prevent this sad result, while at the same time it encouraged habits of prudence and forethought, there would be good reason to hope that the prosperity of the working classes would be placed upon a firmer basis. Though fluctuations in trade must continue to occur, and seasons of commercial depression must from time to time be expected, yet, when the drain caused by sickness was removed, the working man would be able to face these periods more hopefully; and the same forethought which led him to provide against sickness would probably teach him to make provision also against the time when work was slack.

W. FAIRLIE CLARKE, M.D.