

Diploma in the History of Medicine

**From Charity to Providence: Influences on the
Organization of Dispensaries in the Early 19th Century**

Richard Bogle

20th May 2012

Word Count: 5324

Table of Contents

Declaration	2
The Origin of the Dispensaries.....	3
Figure 1: The Royal College of Physicians, Warwick Lane: the courtyard	4
Medical Provision for the Poor and the Dispensary Reborn	5
John Coakley Lettsom and the General Dispensary	5
Figure 2: Gin Lane and John Coakley Lettsom	7
The Operation of the Dispensaries	8
Figure 3: The General Dispensary, Aldersgate Street	8
Appointment of Medical Staff and the General Dispensary Dispute	10
Henry Lilley Smith and the Provident Dispensary	13
Figure 4: Henry Lilley Smith	14
Figure 5: A System of Classification of Manual Labourers	15
Figure 6: Charitable & Provident Dispensary Provision in London 1770-1900.....	18
Charity versus Providence	18
Conclusions.....	23
Bibliography.....	24
Appendix 1: Charitable Dispensaries of London.....	30
Appendix 2: Provident Dispensaries of London.....	31

Declaration

Name: Richard G Bogle

I certify that this dissertation entitled: *“From Charity to Providence: Influences on the organization of dispensaries in the early 19th Century”* is entirely my own work without plagiarism. I allocate joint copyright to the Society of Apothecaries.

Signed:

Date:

The Origin of the Dispensaries

In the seventeenth century there was an uneasy relationship between physicians and apothecaries. The apothecaries, restricted by their charter to the preparation and sale of drugs, were expressly forbidden to provide medical advice (Tyrwhitt and Tyndale, 1822). During the Commonwealth many physicians who were Royalists fell on hard times and whilst their fortunes improved after the Restoration only two years later the Great Plague arrived in London and many of them fled, leaving medical treatment in the hands of the apothecaries who remained. After the plague the apothecaries attacked the physicians for leaving the capital at time of crisis and the physicians countered claiming that the apothecaries had enriched themselves at the expense of the sick. The College of Physicians devised a plan whereby the needs of the poor for cheap medical advice could be supplied without the apothecaries encroaching on their territory (Royal College of Physicians, 1697). It was in this climate of politics, plague and professional rivalry that by unanimous vote on the 13th August 1688 the physicians decided that a dispensary should be created within the laboratory of the College in Warwick Lane fitted for the preparation of medicines and the room adjoining for a repository (Royal College of Physicians, 1704). The proposal was fiercely opposed by the apothecaries who saw it as a direct threat to their trade but in 1698 the *“London Dispensary for the Sick Poor”* was opened and physicians attended daily and gave free medical advice and medicines were dispensed (Rosenberg, 1959). The dispensary was a success and was praised in most texts (Royal College of Physicians, 1698, 1702) although some criticism was levied that the physicians were primarily interested in financial gain (Clark, 1966; Pitt, 1704). The rift between the physicians and apothecaries was exposed in Garth’s satirical poem - The Dispensary in which the

apothecaries were roundly ridiculed (Booth, 1986; Garth, 1709) and the Apothecary was referred to as *“The Sage, in Velvet Chair, lolls at ease, to promise future Health for present Fees”* (Garth, 1709).

In 1704, however, the apothecaries won a significant victory in their right to give medical advice when the College lost the debate in the House of Lords over the case of William Rose, an apothecary, who had treated a butcher for syphilis. Within a few years the College dropped its attempts to regulate outsiders (Cook, 1990; Davenport et al., 2001). Despite its success, and for reasons not recorded, on 13th July 1725 it was agreed that no part of the College should be leased and the dispensary was closed and fitted up for the reception of Licentiates marking the end of London’s first charitable dispensary (Munk, 1878; Physicians, Annals).



Figure 1: The Royal College of Physicians, Warwick Lane: the courtyard
Colour engraving, Library Reference Number: ICV No. 13386. Courtesy of Wellcome Library.

Medical Provision for the Poor and the Dispensary Reborn

For the next 50 years the medical care of the poor relied on that provided under a series of laws introduced by the English Parliament between from 1563 onwards culminating in the 1601 Poor Law (Hindle, 2001; Norton, 1988). Under these statutes parishes provided relief which was paid for by rates on householders. Paupers might receive subsistence including medical attention including medicines from a parish appointed surgeon. During the latter part of the eighteenth century socioeconomic and demographic changes abounded. Food prices rose sharply, due to the French wars and rural unemployment, followed by migration of the poor into cities putting the system of reliefs under increasing pressure (Boyer, 1986). A crisis of provision arose leading to deterioration in relief and a change in societal attitude to charity. This eventually led to the Poor Law Amendment Act of 1834 and a sharp curbing of costs, reduction in relief and the institution of the workhouse whose conditions were worse than the life of the poorest labourer (HM Government, 1835).

On this background of growing poverty in cities the dispensary was reborn in the late eighteenth century and began to provide medical care for large proportions of the population. Unlike the dispensary established by the College of Physicians on a background of rivalry with the apothecaries the new charitable dispensaries encouraged the collaboration of physician, surgeon and apothecary in one medical institution.

John Coakley Lettsom and the General Dispensary

John Coakley Lettsom and his twin brother Edward were born on the island of Little Jost Van Dykes on November 22nd 1744. They were the youngest and only surviving set

of seven twins and John was sent to England when he was six. He lived with the Rawlinson's, a Quaker family, and was introduced to Samuel Fothergill, of Warrington the younger brother of Dr John Fothergill, the famous Quaker physician. It was decided that he should serve an apprenticeship to Abraham Sutcliff, a surgeon and apothecary at Settle in Yorkshire (Abraham, 1933), after which he went to London where he was befriended by Dr Fothergill. After studying at St Thomas' Hospital, he briefly returned to the West Indies and then gained an M.D. in Leyden in 1769. He returned to England and was awarded a Licentiate'ship of the Royal College of Physicians in 1772 and set up practice in Eastcheap (Abraham, 1933). Lettsom is well-known for founding the Medical Society of London but his major charitable legacy was the General Dispensary in Aldersgate Street. He described the events which crystalized his idea for a dispensary in his *"Morning Walks in the Metropolis"* published in the Gentleman's magazine (Lettsom, 1780b). In 1770 he was taking a walk near the Charterhouse, a notorious part of London famous for thieves, epitomized by the Hogarth lithograph *"Gin Lane"*. Lettsom was stopped by a man called Foy who was *"a picture of distress, having recently recovered from sickness,"* Foy *"sought work to support his family in Little Greenwich."* Lettsom was moved by his story and gave him money. Later however he sought out Foy and his family finding them in *"a miserable habitation... a little chamber furnished with one bedstead; an old box was the only article that answered the purpose of a chair."* More shocking to Lettsom was the state of the family – Foy's wife suffering from *"fever, lips and gums black"* with a *"huge area of infection spread from her thigh to stomach"* and a *"five year old girl naked apart from a poultice bound to the blisters on her back."* Lettsom was so moved he decided to *"procure medical assistance immediately"* and paid a neighbor to nurse the family. Not

long afterwards, he had *“the pleasure to conclude this relation of their unspeakable distress by communicating their total delivery from it.”* (Lettsom, 1801). He commented: *“I now experienced how greatly the sight of real misery exceeds the description of it”* and went on to sketch the scene perhaps as words were unable to describe the misery of the situation which he had encountered (Richardson, 2002)

In this area of London Dr Lettsom founded his first philanthropic work - The Aldersgate Street Dispensary which opened in 1770. The first physician to the dispensary was Nathaniel Hulme, formerly a naval surgeon and authority on scurvy who served until 1782 (Simmons, 1783). When the dispensary started it only saw medical cases but a surgeon was soon appointed and by 1822 the dispensary had treated 125,316 people (Murray, 1823). Following in its success many more dispensaries were established in London between 1769 and 1792 (Hodgkinson, 1967) and Appendix 1.

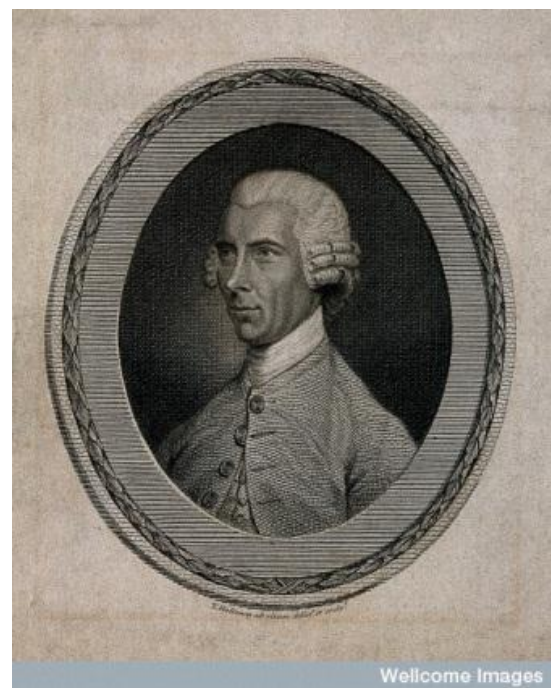


Figure 2: Gin Lane and John Coakley Lettsom

Left Panel: Engraving of Gin Lane by William Hogarth, 1751. Right Panel: John Coakley Lettsom, line engraving by T. Holloway, 1792. Courtesy of Wellcome Images.

The Operation of the Dispensaries

Unlike voluntary hospitals dispensaries did not admit patients and had no beds. Their purpose was to “administer advice and medicines to the poor, not only at the dispensary but also at their own habitations”(Lettsom, 1774). Treatment was free and it was cheaper to deliver than hospital care since patients were not admitted. Infectious or “foul” cases had lower risk of spreading contagion to other patients and there was an emphasis treatment of the family unit as the object of humanitarian assistance. The dispensaries claimed that the retention of key family members was important since this strengthen family unity and recovery from illness (Lettsom, 1797).



Figure 3: The General Dispensary, Aldersgate Street

View of Shaftesbury House including Shaftesbury Academy, General Dispensary and John Smith's Tea Warehouse with figures and a lamplighter, 1819. Watercolour by Robert Blemmell Schnebbelie (1792-1849). Image courtesy of Guildhall Library, City of London with permission.

The introduction of the Apothecaries Act of 1815 required initially six months and then one year of experience in a hospital or dispensary and these institutions included schemes for teaching students with lectures, clinical discussions and practical visits to patients' homes (Lawrence, 1991).

Dispensaries were charitable organisations usually employing a housekeeper and a paid, resident apothecary with physicians, surgeons and cuppers attended at certain fixed times (Cope, 1965; Elliottson, 1833). Dispensaries were treating thousands of patients each year (see Appendices) and by assessing patients at home exposed physicians, for the first time, to the living conditions of the urban poor which were, as Lettsom described, shocking. The dispensary provided a suitable environment for bleeding, cupping and the administration of drugs, treatment of lacerations, fractures, lancing of boils and abscesses (Cope, 1965). Dispensaries were able to provide both adequate care of for the poor and training for the physicians. The idea of physicians, surgeons and apothecaries working together in a single establishment was something which Lettsom clearly felt important since this was reproduced when he founded the Medical Society of London its original members being two physicians, three surgeons, two obstetricians and an apothecary (Hunting, 2004). Charitable dispensaries provided free medical care for the poor. Treatment at the dispensary needed a letter of recommendation known as a "Ticket" from a Governor. Each dispensary had a board of Governors who by payment, usually one Guinea per year, had the right to send one patient to the dispensary at any one time. A patient applied to the Governor for admission and if they agreed they were worth of charity they would be given the ticket. When the treatment was complete the patient would return the ticket to the Governor with appreciation for the charity. Additional funds were often raised by a

holding an annual dinner for which a charge was made and an annual sermon was preached with a collection for the dispensary.

During the eighteenth century the dispensaries promoted the idea of domestic hospitalization. This has economic advantages since the patient was cared for at home allowing each individual home to be a hospital. Since the cost of care was lower consultation and distribution of medicines could be extended on a more general basis (Foucault and Gordon, 1980). However this view was not accepted all and in his pamphlet on the Defects of Dispensaries John Kay pointed out that: *“The actual toil of attending the home-patients of the Dispensaries at their own houses is very great- not to mention the repulsive character of the scenes into which the professional visitor is introduced”* (Kay-Shuttleworth, 1834).

Appointment of Medical Staff and the General Dispensary Dispute

The physicians and surgeons appointed to the charitable dispensaries occupied honorary and therefore unpaid posts. For an ambitious doctor in the nineteenth century the appointment to a dispensary was much sought after since it provided valuable experience, the ability to follow through cases from an early stage of diagnosis and treatment and most importantly acted as a seal of approval which prospective patients might use to determine the credentials of the doctor before seeking his attention privately. Between 1820 and 1850 medicine was an overcrowded profession. Sir Benjamin Brodie said: *“The supply of medical practitioners is in fact not only very much beyond what is necessary to ensure a just and useful competition it is so great as to be actually mischievous”* (Brodie, 1840). The Governors of the dispensaries were men of financial power and influence and their recommendation would improve

the reputation and standing of the doctors attached to the dispensary. Thus doctors expected that their income and private practice would grow rapidly and substantially (Murray, 1823). The dispensary governors had the right to vote in the appointment of the physicians and surgeons to the dispensary. The significance of these posts must not be underestimated since for an ambitious young doctor working in a dispensary allowed them to accumulate experience and make contacts with patients and older established physicians.

Being elected to a dispensary post was important to advance the career prospects of a doctor. The system of lay governance which controlled these elections was criticized for its *“patronage and nepotism”* and described as a *“relic of Old Corruption”* (Brown, 2009). In September 1833 a bitter dispute between the Governors and medical staff at the Aldersgate Street Dispensary came to a head (Anon, 1834a). Originally the Governors had allowed new subscribers to vote immediately in the election of medical staff however this rule had been changed to a period of six months after a physician and surgeon had spent large sums of money creating governors in order to secure the majority of vote (Brown, 2009). Securing a dispensary post was cheaper than paying one thousand Guineas to buy into a practice or partnership. However the Governors realized that this had reduced the funds subscribed to the dispensary and decided to reverse the rule much to horror of the incumbent medical staff who threatened resignation. The Governors did not give way and the medical staff resigned (Brown, 2009). There was much support for the medical officers’ position and at a public meeting in October 1833 the famous physician John Elliotson, professor of medicine at University College London, commented *“that allowing new subscribers to vote was*

equivalent to putting the posts up for auction and that if two men applied for a post it was the man with the longest purse who was sure to obtain the place.” He also said “I think it is the duty of all the medical profession to come forward in support of their brethren... I am sure this is a time for the profession to come forward” (Elliottson, 1833).

This dispute was part of a shift in the culture of British medicine between knowledge, expertise, civil and state (Brown, 2009). Although originally founded on charitable ideas by the 1830's people began to question the whole system of medical charity and the dispute took shortly after the Poor Law Amendment Act which was inspired by political economy and utilitarianism. Doctors used charitable service at the start of a career to bring advancement in the long term. When the number of doctors was low this scheme worked, but with a growing number of practitioners charitable medical care reduced the potential income from private practice and led to a fundamental shift in the attitudes towards provision of medical care and its practical delivery (Anon, 1853). About twenty five percent of the population of London received free advice from the voluntary hospitals and dispensaries and the doctors providing the advice were unpaid. There were no checks to distinguish those who really needed charity and patients were free to go from one hospital to another with no system of registration.

The Aldersgate Street dispute was part of the call for reform of the dispensaries along with a change in societal attitudes away from the provision of charity and towards providence, the idea of the poor helping themselves rather than accepting charity and of physicians breaking free with new forms of medical identity together with a questioning of the past and call for reform. In the Medical Quarterly Review the

dispensary dispute was described as: *“the commencement of a happier era in the history of dispensaries, and trust that we shall soon see these institutions re-organized on a new basis of public utility”* (Anon, 1834c). The article went on to discuss *“another improvement...of still greater importance: the establishment of self-supporting dispensaries”* (Anon, 1834c).

Henry Lilley Smith and the Provident Dispensary

In the late eighteenth century it was charity not providence which provided for the medical needs of the poor (Lettsom, 1780a). With increasing industrialization in the nineteenth century both income and social conditions started to improve, albeit slowly. Doctors began to realize that some people receiving treatment at charitable dispensaries could afford to pay. This led to the idea of providence – foresight, forethought and prudence which in the sphere of medical care meant paying a small amount each week when well, so that treatment could be received quickly and without financial worry in times of sickness. The first scheme for improving medical services along provident lines was proposed not in London but in Warwickshire by a little known surgeon– Henry Lilley Smith (Cyriax, 1936; Wheeler, 1996).

Lilley Smith was born in March 1788 and trained in London at Guy’s Hospital. In 1810 he became a member of the Royal College of Surgeons set up practice as a surgeon in Southam near Coventry in Warwickshire. In 1818 founded the Southam Infirmary for Diseases of the Eye and Ear, (Lane, 2001), and then embarked upon the reform of medical care for the labouring classes. He described the Poor Law System as *“dealing wholesale in the bowels of the sick poor”* and railed against *“the stigma of association with the Poor Law”* (Smith, 1819).

Lilley Smith developed the idea for self-supporting or provident dispensaries which he first proposed in 1819 (Smith, 1819). He recognised that there were gradations of poverty and split the poor into three classes. There were those in work who earned enough to provide for their family but through unforeseen circumstances could be pushed into need. There were those seasonally or occasionally unemployed, significant in rural communities where agricultural work was common, who were on the brink of pauperism and finally the permanent paupers requiring charitable aid (Smith, 1831).



Figure 4: Henry Lilley Smith

*Photomechanical print by J.E. Duggins, Wellcome Library no. 13589i.
Courtesy of Wellcome Images.*

The object of the provident dispensary was to: *“concur in the preservation of the industrious classes of labourers from pauperism, by affording them opportunities of providing, during health, for the necessities of sickness and to extend these advantages to their wives and children”* (Smith, 1830). Lilley Smith’s scheme provided income for

the dispensary from three sources matching the three groups of poor. Weekly subscriptions from those in employment entitled them to a “Blue Ticket” for priority attendance. This was supplemented by honorary subscriptions from the well off to support a “White Ticket” system for the those seasonally employed and parish subscriptions for the paupers who would hold a “Yellow Ticket” (Smith, 1830). Patients were prioritized according to the colour of their ticket providing a distinction between those paying members and the charity patients. Paupers holding a Yellow Ticket had to wait until last to be seen and were not invited to the annual Dispensary Spring Fair.

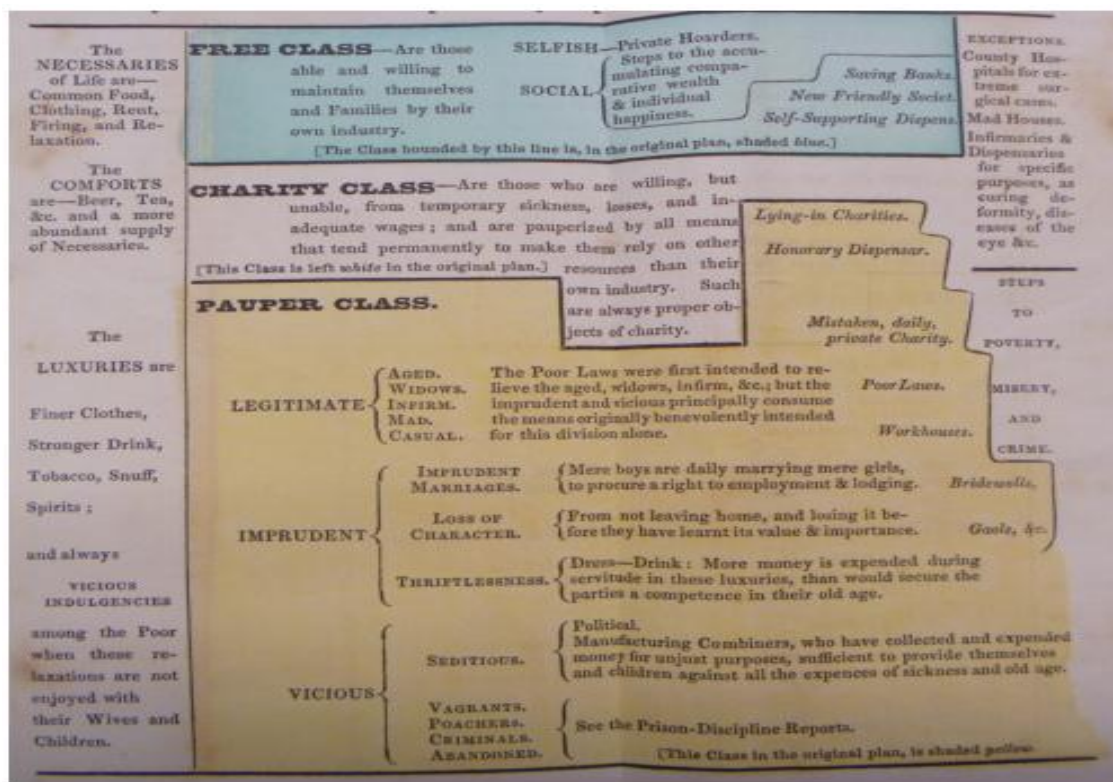


Figure 5: A System of Classification of Manual Labourers

“A classification of Manual Labourers By the Practical Application of which in Self-supporting, Charitable and Parochial Dispensaries, Our Philanthropy May be Reduced to a System, Our Best Class of Poor Prevented from Retrograding Into Pauperism, and Our Necessitous and Legitimate Paupers Separated from the Comparatively Improvident and Vicious.” Image taken by author from original document in the Wellcome Library, permissions granted (Smith, 1831).

Lilley Smith's theories were put into practice when the first provident dispensary in Southam opened in 1823 and a report published in 1830 describes the first seven years work of the dispensary (Smith, 1830). Membership was limited to those in paid manual labour who could not afford the usual medical charges. Servants had to be recommended by their employer and manual labourers by a local clergyman or two respectable parishioners. The annual subscription, paid quarterly, for adults was 3s 6d and for a child under fourteen, 2 shillings. Home visits in Southam were free and those outside were charged by the mile. Lilley Smith consulted between seven and ten in the morning on Sundays and seven to twelve in the morning on Monday and Thursday (Smith, 1825).

To become a member of the dispensary an applicant would leave their name, age, residence and occupation and one month's subscription at the dispensary. The dispensary also allowed for choice in selecting medical attendants although the patient could not change doctor in the middle of an illness unless at the sanction of the committee. By making payments in time of health it was in the interest of the doctors to keep the patients well and provide for preventative treatments such as vaccination. Since there was no delay in obtaining a charitable ticket the patient was saved from delay in diagnosis and treatment.

The finances of the Southam provident dispensary demonstrate the ability to self-support and the parish visitor to Southam reported that the dispensary had diminished the number of applicants for parish relief (Smith, 1830). In 1825 the dispensary had 336 members yielding a subscription of £44 11s 11d which after paying the travelling fees and other expenses resulted in a surplus of £7 5s 7d (Smith, 1825).

Lilley Smith claimed the advantages of the provident dispensary scheme were that the poor had easy access to medical opinion without the need to obtain approval from the parish relieving officer or to obtain a ticket from admission to a charitable dispensary or voluntary hospital. Subscribers avoid the association with the Poor Law and could choose from a panel of doctors at the dispensary. Lilley Smith also claimed that the physicians, surgeons and apothecaries worked together at the dispensary and, since they were salaried, they were no longer in competition with each other for patients or fees. Lilley Smith wrote the dispensary *"provides for increase in good feeling..., will afford them opportunities of obtaining that improvement in professional knowledge which is better affected by a combination than by the unaided labors of a single individual"* (Smith, 1850). There was also the potential for advancement of knowledge, increasing facilities for medical teaching and the attachment of students to dispensaries with cases seen early and followed up although this was not unique to the provident dispensaries (Cope, 1969; Ford-Anderson, 1872). During times of crisis such as cholera epidemics there was provision of free treatment by the dispensary for those suffering from the condition (Wheeler, 1996). Southam became a model for many other provident dispensaries some of which also provided the poor with income during sickness as well as treatment and drugs. An assistant of Lilley Smith's, Dr Nankivell, who had helped at Southam in the winter and spring of 1829-30 drew up rules for a similar dispensary in Burton-on-Trent and provident dispensaries soon followed elsewhere in Derby (1830), Coventry (1831), Marylebone (1833), Paddington (1838), Northampton (1845) and in many other parts of the country in succeeding years. By 1871 there were more than twenty provident dispensaries in England (Cope, 1965).

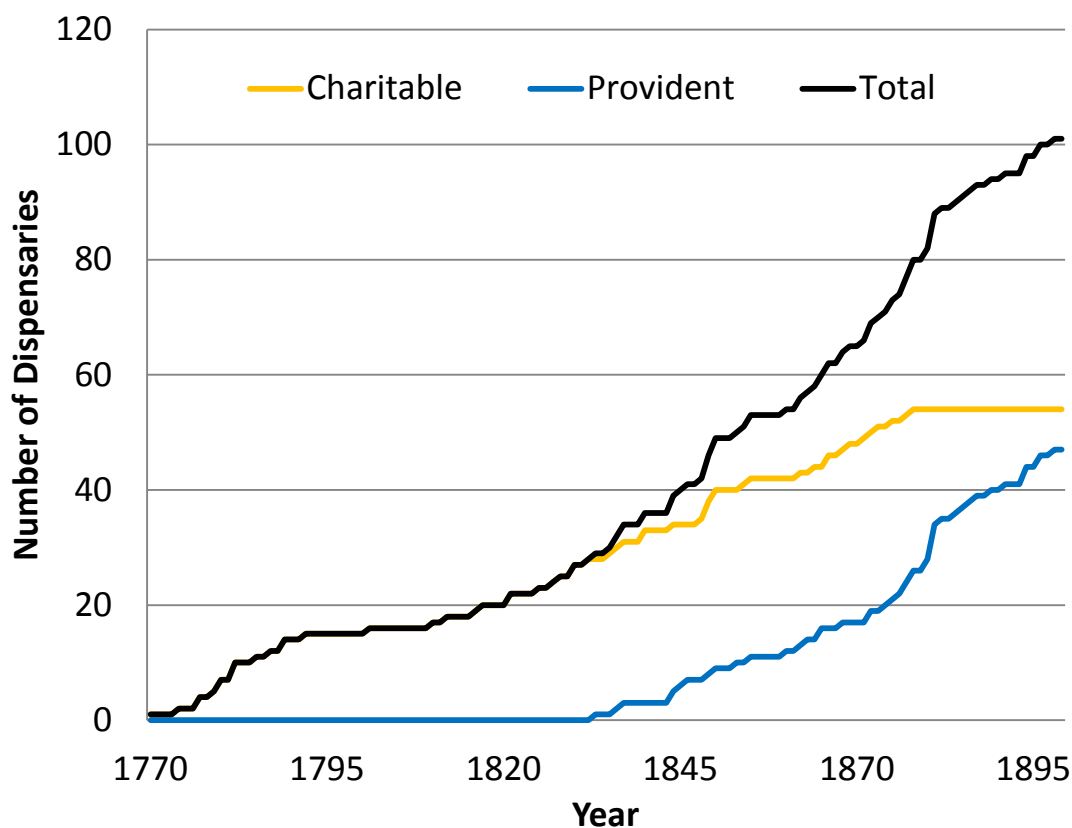


Figure 6: Charitable & Provident Dispensary Provision in London 1770-1900.

Data from Appendix 1 and 2 and references therein; the results are shown as the cumulative total of dispensaries in London and the cumulative totals of charitable (free) and provident dispensaries. The rise in provident dispensaries from 1833 onwards occurs at a much higher rate than that of the charitable dispensaries demonstrating the increased interest in this model for the delivery of medical care.

Charity versus Providence

Provident dispensaries became very popular particularly outside of London. However, in larger cities there was competition between them, the charitable dispensaries and voluntary hospitals. Despite this, as shown in Figure 6, there was a considerable increase in the number of provident dispensaries opening in London from 1833 onwards. By the late nineteenth century the number of new provident dispensaries opening greatly exceeded the number of charitable ones. The difference between provident and charitable dispensaries was that each person who received benefit from

the former had paid a share towards its funds. Lilley Smith recorded a "*well-known fact*" that some people attended charitable medical institutions even though they were perfectly able to pay for medical attendance and was concerned that inappropriate people were admitted to dispensaries (Smith, 1853).

In 1839 William Fergusson, Edinburgh surgeon and former pupil of Dr Robin Knox the anatomist wrote: "*Dispensaries were established for the relief of the destitute and helpless, and those alone of the working classes who could not afford to pay for medicine, but now, at those great towns especially, the gaily dressed flaunt there in troops, and male applicants may be seen better attired than their prescribers. So much is privilege abused that it may be called robbery of every practitioner in the place and of none more than the prescribers themselves*" (Fergusson, 1839).

In 1833 a free dispensary was founded in Leicester however the success of the provident dispensary in Northampton resulted in 1862 of a proposal to change the arrangements and for the dispensary to make weekly charges. Although there was opposition the dispensary was re-established in 1866 on a provident basis and members paid monthly subscriptions of four pence or 1s for the whole family. Each medical officer received a list once a week of new candidates to determine eligibility but in a large city where the applicants were not known this was difficult and many people were admitted to the dispensary who could have afforded a private doctor. It was reported that some members who had left £1,000 on death received free medical attention for 4s and 4d a year of which only 1s and 9d went to the medical officer (Hodgkinson, 1967). Since candidates were not medical assessed often chronic cases were admitted leading to heavy workload and expense on the dispensary. The financial

screening of applicants for admission was also important but difficult in urban environments. The governing committee had an important role to play since in many cases they vetted applications for treatment and in some dispensaries with a free department it was claimed that tickets were distributed by governors who were shopkeepers to encourage trade (Anon, 1834b).

In some places it was difficult to persuade the poor to subscribe to a provident dispensary when they could obtain for free, albeit with inferior provision, care from a charitable dispensary and it was recognized that the working man's income was *"barely sufficient to maintain health let alone asking him to contribute to a fund for its repair"* (Rumsey, 1837). Similarly some people would rather pay the small fees to be treated at the provident dispensary than engage the services of a private doctor even though they could well afford it.

There were parts of the country where the provident system made little advance. This was not because the workers were unable to pay the subscriptions but because of the rise of friendly societies which made special arrangements for medical treatment. In Newcastle-upon-Tyne some firms deducted a weekly sum from their employees' wages in order to form a charitable fund which was disbursed to hospital and dispensaries in return for treatment of their employees. In addition numerous clubs, run by lay persons and some by doctors, attracted patients. In larger cities the voluntary hospitals developed their outpatient departments and many of the middle classes took advantage of the free treatment offered.

There were attempts to spread the provident dispensary system more widely and in 1869 the Charity Organization Society began work to provide more definite

information on the medical and social needs of the poor (Humphreys, 2001; Mowat, 1961). Sir Charles Trevelyan, its leader, thought that provident dispensaries were a force for good and in March 1870 a meeting was convened in London with 150 doctors in attendance and a resolution passed recommending the opening of more provident dispensaries. Support was requested from the British Medical Association and in 1878 a special meeting was held at Medical Society of London to discuss the question. There were arguments on both sides and it was recognized that in London there was difficulty in establishing provident dispensaries against overwhelming competition of the many voluntary institutions. One suggestion by Timothy Holmes was noteworthy because he advocated consolidating all existing provident dispensaries into one institution so that members of one branch might be admissible to branches in other parts of the country (Holmes, 1878). This unification would be of great benefit to the patient and would also have introduced cooperation necessary for the establishment of a national health service. An editorial on the British Medical Journal said: *“The movement in favor of the extension of the provident dispensaries is daily assuming a wider importance. There can be little doubt that the conversion of all free dispensaries to a provident system is only a question of time”* (Holmes, 1878). The Metropolitan Provident Medical Association was formed and many provident dispensaries were affiliated with this organization (see Appendix 2).

However dispensaries had their critics and none less than the editor of the Lancet Thomas Wakley. He wrote editorials calling dispensaries *“nepotistic puff shops and human slaughter houses where the incompetent but well-connected might flourish”* (Wakley, 1829). The Lancet also published an inquiry into the North Hants dispensary

and showed that from contributions of £1900, £400 was spent on drugs and the remainder divided amongst the three medical officers in proportion to the number of patients attended. It was pointed out that many families who were members had incomes in excess of £3 per week and the system was detrimental to the private practitioners of the town. It was concluded by 1870 that the entire town was swamped by a great monopoly (Nankivell, 1870; Nankivell, 1871). When there was little competition, a dispensary could act as a monopoly and there was considerable variation in the salaries of dispensary medical officers around the country. It was also pointed out that the London working classes would not join provident dispensaries because of the hospital outpatient departments which were open to all comers and that proposals to expand dispensaries in London whilst leaving the outpatient departments unreformed was not useful (Anon, 1873). The scheme originally proposed by Lilley Smith and then advanced by Timothy Holmes was in some senses a plan for a national health service, including all but the wealthy (Smith, 1830). Lilley Smith called it a *“self-supporting charitable dispensary system”* (Smith, 1853). Whilst Wakley criticized the scheme he did not condemn it, considering it impractical but well intentioned: *“If Mr. Smith’s plan be judicious and tend to the diminution of human suffering, - tend to limit the growth of pauperism tend also to promote the respectability of the profession and secure a just rate of payment to medical practitioner for the performance of parochial and dispensary duties why then these plans might undoubtedly be as widely diffuse as possible and to be as generally acted upon as circumstances will permit.”*

Conclusions

The nineteenth century was the golden age of the dispensary with this forgotten health service providing multi-disciplinary medical care for large proportions of the poor. The Dispensary might be compared to a modern Health Centre and was a model for a National Health Service including the working together of apothecaries, physicians and surgeons (Anon, 1957). However in the end this came to nothing since the growing demand for treatment from the working classes was met by an increase in the activity and provision of the outpatient departments of the hospitals. Eventually this resulted in the separation of primary and secondary care and brought the dispensaries and voluntary hospitals into conflict, and this led to principle of referral. However the provident dispensary movement remained a significant force in Britain until the advent of National Health Insurance Act of 1911. The philosophy of the self-supporting institutions sat comfortably with the changing economic and political views in the 1830's and there is little doubt that the self-supporting dispensaries were a force for good. The system of charity was replaced by a new system of self-reliance and providence which we might call today "*Victorian Values*".

Bibliography

- Abraham, J. J., 1933, Lettsom, his life, times, friends and descendants, W. Heinemann, Ltd.
- Anon, 1834a, The Aldersgate Street Dispensary: *The Medical Quarterly Review*, J. Souter, 226-228 p.
- Anon, 1834b, Editorial: *London Medical Gazette*, v. XV, p. 311-315.
- Anon, 1834c, Medical Politics and Intelligence: 3. Dispensaries: *Medical Quarterly Review*, v. II, p. 467-468.
- Anon, 1853, Abuse of Hospitals and Dispensaries, a Monster Evil of the Day: *Association Medical Journal*, v. 1, p. 76-77.
- Anon, 1873, The History of a Provident Dispensary: *British Medical Journal*, v. 1, p. 516-517.
- Anon, 1881, Metropolitan Medical Association, *The Times*, London.
- Anon, 1957, London's Earliest Health Centre: *The Chemist and Druggist*, p. 696-698.
- Booth, C. C., 1986, Sir Samuel Garth, F.R.S.: the dispensary poet: *Notes Rec R Soc Lond*, v. 40, p. 125-45.
- Boyer, G., 1986, The Old Poor Law and the Agricultural Labor Market in Southern England: An Empirical Analysis.: *J Economic Hist*, v. 46, p. 113-135.
- Brodie, B., 1840, Quarterly review: *Medical Reform*, v. 66, J. Murray., 29-43 p.
- Brown, M., 2009, Medicine, Reform and the "End" of Charity in Early Nineteenth-Century England: *English Historical Review*, v. CXXIV, p. 1353-1388.
- Clark, G., Sir, 1966, A History of the Royal College of Physicians of London, v. II: Oxford, Clarendon Press, 427-447 p.
- Cook, H. J., 1990, The Rose Case reconsidered: physicians, apothecaries, and the law in Augustan England: *J Hist Med Allied Sci*, v. 45, p. 527-55.
- Cope, Z., 1965, A Forgotten Health Service being the story of the General Medical Dispensaries in Britain, *History of Dispensaries in Great Britain: notes Wellcome Library MS. 1863*.

- Cope, Z., 1969, The influence of the free dispensaries upon medical education in Britain: *Med Hist*, v. 13, p. 29-36.
- Cyriax, R. J., 1936, Henry Lilley Smith, M.R.C.S. Founder Of Self-Supporting Dispensaries: *The British Medical Journal*, v. 2, p. 141-142.
- Davenport, G., I. McDonald, and C. Moss-Gibbons, 2001, *The Royal College of Physicians and Its Collections: An Illustrated History*, James & James.
- Elliottson, J., 1833, General Dispensary, Aldersgate Street, *London Standard*, London, p. 3.
- Fergusson, W., 1839, *Thoughts and Observations Upon Pauperism, Poor Laws, Emigration, Medical Relief, and the Prevention of Crime*, S. Highley.
- Ford-Anderson, J., 1872, The Provident System from a Medical Point of View: *The British Medical Journal*, v. 1, p. 285-286.
- Foucault, M., and C. Gordon, 1980, *Power/knowledge: selected interviews and other writings, 1972-1977*, Harvester Press.
- Fry, H., 1919, *Herbert Fry's Royal Guide to the Principal London and Other Charities, Arranged in Alphabetical Order, Giving Date of Foundation, Objects, Annual Income*, Chatto & Windus.
- Garth, S., Sir, 1709, *The dispensary: A poem. In six canto's*: London, H. Hills, 55 p.
- Government, H., 1835, *Act for the Ammendment and Better Administration of the Laws relating to the Poor in England and Wales*: London, George Eyre and Andrew Spottiswoode.
- Hindle, S., 2001, Dearth, fasting and alms: the campaign for general hospitality in late Elizabethan England: *Past Present*, p. 44-86.
- Hodgkinson, R. G., 1967, *The Origins of the National Health Service: The Medical Services of the New Poor Law, 1834-1871*, University of California Press.
- Holmes, T., 1878, Remarks on Provident Dispensaries: *Br Med J*, v. 1, p. 355-7.

- Humphreys, R., 2001, *Poor Relief and Charity, 1869-1945: the London Charity Organization Society*, Palgrave.
- Hunting, P., 2004, *The Medical Society of London*: *Postgrad Med J*, v. 80, p. 350-354.
- Kay-Shuttleworth, J. P., 1834, *Defects in the Constitution of Dispensaries*: London, Statistical Society of Manchester.
- Lane, J., 2001, *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950*, Routledge, 92-93 p.
- Lawrence, S. C., 1991, *Private Enterprise and Public Interests: Medical Education and the Apothecaries' Act, 1780-1825*, in R. K. French, French, R., Wear, A., ed., *British Medicine in an Age of Reform*, Routledge, p. 45-73.
- Lettsom, J. C., 1774, *Medical memoirs of the General Dispensary in London: for part of the years 1773 and 1774*: London, Printed for Edward and Charles Dilly.
- Lettsom, J. C., 1780a, *History of the Origin of Medicine: The Monthly Review*, Printed for R. Griffiths, 60 p.
- Lettsom, J. C., 1780b, *A Morning Walk in the Metropolis: The Gentleman's Magazine*, v. 50, p. 25-26.
- Lettsom, J. C., 1797, *Hints Designed to Promote Beneficence, Temperance, and Medical Science*: London, H. Fry.
- Lettsom, J. C., 1801, *Hints Designed to Promote Beneficence, Temperance, & Medical Science*, J. Mawman.
- Mowat, C. L., 1961, *The Charity Organisation Society, 1869-1913: Its Ideas and Work*, Methuen.
- Munk, W., 1878, *Sir Samuel Garth*, in W. Munk, ed., *The Roll of the Royal College of Physicians of London*, v. I: London, Royal College of Physicians, p. 498.
- Murray, J., 1823, *The annual subscription charities and public societies in London*: London, 117 p.
- Nankivell, C. B., 1870, *Reform of outpatient administration*: *Lancet*, v. i, p. 637-638.

- Nankivell, C. B., 1871, The Provision of Medical Attendance on the Independent Poor by Provident Dispensaries: *British Medical Journal*, v. 2, p. 318-20.
- Norton, D., 1988, The story of elderly care: Elizabethan times and the Poor Laws: *Geriatr Nurs Home Care*, v. 8, p. 26-8.
- Physicians, Royal College London., Annals, Royal College of Physicians MS.
- Physicians, Royal College London., 1697, A Short Account of the Proceedings of the College of Physicians, London in relation to the Sick Poor of the said City and Suburbs thereof, With the reasons which have induced the College to make Medicine for them at the intrinsic value, *in* L. College of Physicians, ed., London, College of Physicians, London.
- Physicians, Royal College London., 1698, The State of Physick in London: with an Account of the charitable Regulation lately made at the College of Physicians towards preparing Medicines there at the intrinsick value: London, Royal College Physicians London.
- Physicians, Royal College London., 1702, The necessity and usefulness of the Dispensaries lately set up by the College of Physicians in London for the use of the sick poor Together with an answer to all the objections rais'd against them by the Apothecaries or others, London, Royal College of Physicans of London.
- Physicians, Royal College London., 1704, A brief account of the dispensary, erected at the College of Physicians in Warwick-Lane, London, for the relief of the sick poor: London, 4 p.
- Pitt, R., 1704, The Censor censur'd, or, The Antidote examin'd wherein the Designs of Dr Pitt and the Dispensary Physicians are detected.: London, The Booksellers of London and Westminster, 109 p.
- Richardson, R., 2002, From the medical museum. Lettsom's morning walk: *Lancet*, v. 359, p. 1530.
- Rosenberg, A., 1959, The London Dispensary for the Sick-Poor: *Journal of the History of Medicine and Allied Sciences*, v. XIV, p. 41-56.

- Rumsey, H. W., 1837, *Medical Relief for the Labouring Classes, on the Principle of Mutual Insurance*: London.
- Simmons, S. F., 1783, *The London Medical Journal: By a society of physicians, v. 3*: London, printed for the authors by William Richardson; and sold by J. Murray, no 32, Fleet-street, 100 p.
- Smith, H. L., 1819, *Observations on the prevailing practice of supplying medical assistance to the poor: commonly called the farming of parishes : with suggestions for the establishment of parochial medicine chests or infirmaries in agricultural districts*, Printed by the Philanthropic Society.
- Smith, H. L., 1825, *The Second Annual Report of the Southam Dispensary*, F. Smith.
- Smith, H. L., 1830, *Abstract of a Plan for the Formation of Self-supporting Charitable and Parochial Dispensaries*, Gaultier.
- Smith, H. L., 1831, *A Classification of Manual Labourers: By the Practical Application of which in Self-supporting, Charitable and Parochial Dispensaries, Our Philanthropy May be Reduced to a System, Our Best Class of Poor Prevented from Retrograding Into Pauperism, and Our Necessitous and Legitimate Paupers Separated from the Comparatively Improvident and Vicious*: London, Sharp.
- Smith, H. L., 1850, *Provident Dispensaries: Their Social Importance and their advantages to the Medical Profession*.
- Smith, H. L., 1853, *Provident or Self-Supporting Dispensaries: Association Medical Journal, v. 1, p. 224*.
- Society, R. S., 1857, *Royal Statistical Society (Great Britain). Committee on Beneficent Institutions - First Report of the Committee on Beneficent Institutions: 1. The Medical Charities of the Metropolis*: London, J.W. Parker & Son, 68 p.
- Tyrwhitt, R. P., and T. W. Tyndale, 1822, *A digest of the public general statutes from Magna Charta*, Strahan.

Wakley, T., 1829, Infirmaries and Dispensaries: Lancet, v. 304, p. 401-403.

Wheeler, S. d. C., 1996, Henry Lilley Smith (1788-1859): surgeon, philanthropist and originator of provident dispensaries : a study of the career, ideas and achievements of a nineteenth century country doctor, University of Warwick, 101 p.

Appendix 1: Charitable Dispensaries of London

Name	Location	Founded	Annual Income	Patients/year	Cost/patient
Royal General	Aldersgate St	1770	600	11000	1s 1d
Westminster General	Gerard St, Soho	1774	460	8018	1s 2d
Surrey	Great Dover St	1777	1608	5528	5s 9d
London	21 Church St	1777	351	3000	2s 4d
Metropolitan	Fore St	1779	960	7370	2s 7d
Finsbury	29 St John's St	1780	-	-	-
Public	Carey St	1780	224	5000	1s
Eastern	Great Alie St	1782	480	2205	4s 4d
Eastern	Great Allie St	1782	480	2205	4s 4d
Public	Lincoln Inn	1782	-	-	-
St Marylebone	77 Welbeck St	1785	516	2949	3s 5d
Highgate		1787	-	-	-
Western	59 Tothill St	1789	733	7706	2s
City	76 Queen St	1789	509	13695	1s
Tower Hamlets	40 Colet Pl	1792	274	2603	2s 2d
Bloomsbury	62 Great Russell St	1801	630	6998	2s
St Pancras & Northern	Somers Pl West	1810	273	1764	3s 1d
Chelsea & Brompton	41 Slone Sq	1812	458	8292	1s 2d
Royal Universal for Children	St Andrew's Hill	1816			
St George's & St James's	60 King St	1817	961	10431	1s 9d
Islington	1 Church Row	1821	693	9815	1s 5d
Royal South London	St George's Cross	1821	588	3549	3s 4d
Stamford Hill, Stoke Newington	Stoke Newington	1825	-	-	-
Sydenham	Sydenham SE	1827	-	-	-
Farringdon	17 Bartlett's Bds	1828	286	8103	8d
Western City	29 Fleet St	1830	466	1805	5s 2d
Western General	9 Lisson Grove S	1830	990	13942	1s 5d
Royal Pimlico	30 Up Belgrave Pl	1832	522	5271	2s
Acton	Mill Hill Grove	1835			
Blenheim Street Free	Blenheim St	1836	230	6564	8d
St Pancras Royal General	26 Burton Cre	1837	649	2276	5s 8d
Kensington	Church St	1840	577	4595	2s 6d
Holloway & N Islington	Palmer Place	1840	724	8189	1s 8d
Portland Town Free	Henry St	1844	396	2954	2s 7d
Camden Town	Camden St	1848	133	779	3s 5d
City of London & East London	35 Wilson St	1849	520	3994	2s 7d
Queen Adelaide's Sick Poor	Bethnal Green	1849	256	1748	3s
St Paul's & St Barnabas	67 Up Ebury St	1849	439	3383	2s 6d
Pimlico & W London Gen	11 Shaftesbury Ter	1850	179	5000	8d
Brixton & Streatham Hill	Church Rd, Brixton	1850	301	3200	1s 9d
Chiswick & Turnham Green		1854	-	-	-
West London	29 Duke St	1855	600	2000	6s
Kilburn General	Kilburn Pk Rd	1862	-	-	-
Tottenham & Edmonton General	High Rd, Tottenham	1864	-	-	-
Hornsey		1866	-	-	-
South Lambeth, Stockwell Brixon	Clapham Rd, SW	1866	-	-	-
Pimlico Free	20 Pimlico Rd	1869	-	-	-
Gipsy Hill & Upper Norwood	Upper Norwood	1868	-	-	-
St Ann's	South Tottenham	1871	-	-	-
Tower Hamlets	White Horse St	1872	-	-	-
Walthamstow	Orford Rd	1873	-	-	-
St Luke's Medical Mission	Bunhill Row EC	1875	-	-	-
Victoria Dock		1877	-	-	-
St Pancras Medical Mission	Compton St	1888	-	-	-
Clapham for Women & Children	131 Clapham Rd	1889	-	-	-

Table made from data obtained from (*Murray, 1823*) (*Society, 1857*)

Appendix 2: Provident Dispensaries of London

Name	Location	Founded	Annual Income	Patients/year	Cost/patient
St Marylebone	6 Charlotte St	1833	394	3596	2s 2d
Poplar Medical Association	Town Hall	1836			
Paddington	104 Start St	1837	431	7261	1s 2d
Battersea [‡]	High St, Battersea	1844			
St John's Wood & Portland Town	Henstridge Villas	1844	326	1051	6s 3d
Hampstead	New End	1845			
East London	495 Commercial Rd	1846			
Clapham General	42 Manor St	1849	461	3564	2s 6d
North Pancras	30 Hawley Cres	1850	64	225	5s 7d
Central Pancras	112 Drummond St	1853	70	-	
Westbourne	Bishop's Rd	1855	272	2249	2s 5d
Notting Hill [‡]	43 Portland Rd	1860	-	-	-
Camberwell	Camberwell Green	1862	1902	-	-
Wandsworth	SW	1863	-	-	-
Forest Hill	73 Perry Rd	1865	-	-	-
Haverstock Hill & Malden Rd	132 Malden Rd	1865	330	3168	-
St George's	Little Grosvenor St	1868	407	-	-
Childs Hill and Cricklewood		1872	-	-	-
Provident Surgical Appliance Soc	12 Finsbury Circus	1872	-	-	-
Western	Rochester Row	1874	1396	4456	-
Kilburn	1 Greville Rd	1875	-	-	-
Lewisham, Ladywell & Hither Green	Ladywell	1876	-	-	-
Brompton and Knightsbridge	28 Fulham Rd	1877	1910	-	-
Hackney [‡]	14 Brett Rd	1877	-	-	-
Deptford [‡]	437 New Cross Rd	1878	-	-	-
Wandsworth Com & Upper Tooting	Bolingbroke House	1878	-	-	-
Lewisham Self Supporting	29 High Stret	1880	-	-	-
Metropolitan Medical Association	5 Lamb's Conduit	1880	-	-	-
Bloomsbury [‡]	5 Lamb's Conduit	1881	-	-	-
Clerkenwell & St Luke's Club [‡]	George's Rd	1881	-	-	-
Medical Aid Friendly Society	117 New Rd	1881	-	-	-
Soho and St James' Medical Club [‡]	Haymarket	1881	-	-	-
Kensal Town	43 Golborne Rd	1881	-	-	-
Croydon [‡]	12 Katharine St	1881	-	-	-
Pimlico	68 Lupus St	1882	-	-	-
Camden Town [‡]	62 Camden Road	1884	-	-	-
Greenwich	24 Nelson St	1885	-	-	-
East Dulwich	Landell's Rd	1886	-	-	-
Tottenham Medical Club [‡]	166 High Rd	1887	-	-	-
Whitechapel	137 Whitechapel Rd	1889	-	-	-
Chelsea [‡]	472 King's Rd	1891	-	-	-
Blackfriars	Blackfriars Rd	1894	-	-	-
Edmonton Medical Club [‡]	161 Fore Street	1894	-	-	-
Woolwich, Plumstead & Charlton	6 Russell Place	1894	-	-	-
Islington Medical Club [‡]	5 Thornhill Cresc	1896	-	-	-
Leman Street [‡]	19 Leman St	1898	-	-	-

[‡]A branch of the Metropolitan Provident Medical Association which was founded in 1881 to help prevent abuse of the hospital system and "to extend self-supporting and self-governing provident dispensaries throughout the metropolis." (Anon, 1881) Data is adapted from references : (Murray, 1823) (Fry, 1919; Society, 1857) Missing data is shown as -