

“An Institution of Great Utility”. Leeds Public Dispensary

The Early Years, 1824-1867

A snapshot of how health care was developing in England about the time South Australia was emerging as a new Colony.

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What was a Dispensary?

In England in the 18th, 19th and early 20th centuries, the word Dispensary described a charitable institution for the sick poor where medical advice was given and medicines dispensed free or for a minimal charge. Patients were also visited in their own homes within a defined radius of the dispensary building. Since there were no in-patients, dispensaries were relatively cheap to run, cost being then, as now, a major consideration.

When and Where were Dispensaries developed?

There is some argument about when and where the first dispensary was established but no doubt that from 1770 onwards, a number of dispensaries were founded in rapid succession, at first in London and then in the provinces. Yorkshire, in the north of England provides a good example of this swift expansion, a dispensary being founded at Whitby in 1786 followed by Wakefield 1787, York 1788, Ripon 1790, Doncaster 1792, Rotherham 1806, Halifax 1807, Pontefract 1812, Hull and Huddersfield 1814. By 1840, 80 dispensaries had been opened outside London and, by the 1850's, it was claimed that almost every town of any size had a dispensary existing independently or associated with a hospital. Leeds, which I will look at in more detail later, was established in 1824.

Why were Dispensaries set up?

From the mid 18C onwards, the Industrial Revolution coupled with widespread population growth, had led to a vast increase in the number of people living in towns. Many of these people were very poor, living and working in appalling conditions. Long hours of work, no public transport and many casual jobs meant that workmen's houses needed to be near the workplace. Most of these were small, dark, ill ventilated and over crowded. Sewerage, drainage, street paving and cleansing were almost non-existent and there were virtually no public services. Such unhealthy conditions together with a poor diet and an inadequate supply of fresh water meant that disease was widespread, especially TB, typhus, typhoid and dysentery.

The existing voluntary hospitals were unable to cope with this situation. They treated mainly “in-patients” and in spite of the increasing population they had made little attempt to boost the number of admissions due to the cost of providing food, accommodation and nursing care. Their funds were limited as they were completely dependent on charitable subscriptions and donations. Patients were only admitted once a week, which didn't cover emergencies. In addition, numerous categories of patients were excluded from hospital care including children under 7, pregnant women, the confused and insane, those with or suspected of having infectious diseases, consumptives and persons thought to be in a dying condition. Patients inadvertently admitted with any of these conditions were removed immediately. There was local provision for the destitute from

the Parish Rate, otherwise there was little provision for the sick poor, most of whom could not afford to pay for a medical practitioner and so relied on family remedies, the local “wise woman”, quacks and the immense variety of patent medicines – newspapers of the time carried many advertisements for these. Therefore, it is obvious that more provision for the sick poor was desperately needed and dispensaries were set up to help meet this need.

How were Dispensaries set up and how were they organised?

Dispensaries were financed by charitable subscriptions and donations which were usually provided by the increasingly wealthy and stable middle classes, many of whom had benefitted from the Industrial Revolution and felt under an obligation from a variety of motives to provide a number of different services – educational, cultural and benevolent, for those less fortunate than themselves i.e. the majority of the population, when national and local government provided the minimum.

Once it was decided that a Dispensary was desirable, a provisional committee was set up to receive subscriptions and donations. A governing committee was then elected from the subscribers – this committee was in charge of the overall running of the Dispensary, but the detailed management was the responsibility of the Secretary, the Treasurer and a Collector of Subscriptions. An Apothecary was the salaried Medical Officer, usually resident, responsible for the day-to-day running of the establishment that was usually open 6 days a week. He was assisted by a number of Honorary Physicians and Surgeons attending on a rota basis. They were unpaid but the prestige of the Dispensary appointment helped them develop their private practices. The Apothecary sometimes had the help of an assistant or an apprentice(s), sometimes both. He was banned from private practice but his job was so demanding that he would have had little time or energy for this!!

Anyone wishing to obtain treatment at a Dispensary or requiring a home visit, had to obtain a letter of recommendation from a subscriber or donor, showing that he or she was a deserving member of the sick poor – “a proper object of charity” although emergency cases were treated initially without a recommendation. The whole organisation was responsible to the Annual General Meeting where the Annual Report was presented.

The Leeds Public Dispensary – Why was it needed?

I would now like to move from the general to the particular and look at how this process worked out in Leeds during the first 40 years after the foundation of its Dispensary, where the development was typical of how things usually progressed.

Leeds, situated in the North of England, in what was then the West Riding of Yorkshire, was one of the main towns affected by the significant changes brought about by the Industrial Revolution. Leeds had a long history, going back into the Middle Ages as it was strategically situated on the River Aire and was an important trading centre with an international reputation. It had gained its Royal Charter in the 17th century. During the mid 18th century, it developed rapidly as a result of the general population growth, the industrial changes and the consequent wide scale movement of people from the surrounding country areas to the towns. This meant that many lived and worked in the appalling conditions already described and these were particularly bad in Leeds with its back to back houses – the notorious Leeds slums. It had a reputation as a smoky town so lung diseases were a major cause of death, in addition to the almost constant presence of TB, typhus, typhoid

and dysentery and the additional misery caused by recurring cholera epidemics. Even allowing for unreliable statistics, Leeds had a death rate persistently above the national average. As elsewhere, there was little help available for the sick poor above the destitution line. Middle Class philanthropy had provided the Leeds General Infirmary founded in 1767 for the “relief of the sick and hurt poor” and Leeds was very proud of this institution, but as we have already seen, voluntary hospital funds were limited and there were many restrictions on those they would treat. Further help had been provided in 1804 when a House of Recovery had been established by public subscription,



to “prevent the spread of contagious fever by removing into well ventilated apartments every poor person on the first appearance of an infectious fever” – in effect, an isolation/fever hospital which could accommodate 50 patients. This was followed in 1821 by the foundation of the Leeds Eye Dispensary for the “gratuitous relief of the poor with diseases of the eyes”. Useful as these institutions were, much more help was needed.

By 1824, a number of leading men in the town were sufficiently concerned at the situation, to ask the Mayor to call a public meeting to discuss whether a Dispensary would be “a useful asset.” At this meeting held on the 22nd April 1824, the eminent Leeds surgeon, William Hey, submitted a clearly argued case in favour of the establishment of a Dispensary. By looking at the experience of other large towns he showed that an Infirmary and a Dispensary were “kindred and not rival institutions” and that both “ cooperate in the same work of benevolence but in different ways and neither can supply the place of the other”. This addressed the fear that a Dispensary would neither harm the Infirmary nor duplicate its services.

He continued by highlighting the advantages of the daily opening of a Dispensary, contrasting it with the once a week admissions at the Infirmary, saying that the illnesses of the poor were “sometimes too sudden or too transient to wait the formalities of admission to an infirmary”. He also listed several children’s diseases, especially measles and its after effects which neither the Infirmary nor the House of Recovery were able to deal with adequately. He felt that a Dispensary would also help patients with “lingering” diseases e.g. cancers and scrofula, a form of TB, sometimes known as “The King’s Evil”. These cases could only remain for a limited time as in-patients at the Infirmary and were soon too weak to attend as out patients but a Dispensary could treat them in their own homes.

Not everyone was convinced by William Hey’s arguments – inevitably cost was a major concern and some people felt that the Dispensary should share the Infirmary buildings but both William Hey and the Infirmary officials argued that this would not be practical and so the public meeting closed with the decision that a Dispensary would be “an institution of great utility in this town” and the first steps were taken to make this a reality.

Concern at the lack of adequate medical care for the sick poor was obviously a major factor leading to the establishment of the Dispensary but various reports suggest that other motives might have influenced the decision. William Hey’s remark that a Dispensary “would open up a

sphere of important practice to other practitioners in the town” suggests that there was a degree of self-interest on the part of the medical profession. It has been mentioned earlier that the positions of honorary physicians and surgeons were much sought after, as this could be helpful in developing their private practices. Civic pride was also a factor, the Mayor stating in his opening remarks, that “the meeting furnished proof of the interest taken in this town in the improvement of the condition of the poor.” The developing Industrial towns were very conscious of their public image and made every attempt not to be outdone!

The question has also been asked why leading citizens were prepared to support the many “good causes”. As far as the Dispensary is concerned several motives have been suggested in addition to philanthropic ideals and the widespread sense of Christian duty e.g. the prevention of unrest, the self interest of subscribing employers whose workers would be amongst those treated thus facilitating an early return to work a community hoping to lessen the spread of disease and also the charges on the Poor Rate due to untreated illness amongst the poor leading to incapacity to work. In addition there was the satisfaction derived by subscribers from the privilege of recommendation allowing patronage of the poor, an indication of the patriarchal and hierarchical nature of society at the time,

It is obviously difficult to disentangle this mixture of motives, but what is clear is that a real need existed and that the Dispensary was set up to try to meet that need.

How was the Leeds Dispensary set up, funded and organised?

At the close of the public meeting in April 1824, a provisional committee was formed to receive subscriptions and “to determine on further measures” once sufficient funds had been collected. This was presumably achieved by the 14th June, 1824, when a subscribers meeting was held after which the subscription list was closed and printed. At that same meeting a set of rules (Appendix A) was drawn up giving details of how the administration, finance and staffing of the Dispensary was to be organised, the services it aimed to provide and who was eligible for those services. More details will be given about these later.

In the same month, June 1824, the 6 honorary medical officers were appointed and the provisional committee replaced by a Committee of Management for the ensuing year. It was agreed that the Dispensary would rent rooms in the House of Recovery and that there would be a separate entrance to try to avoid the spread of infection. The Apothecary was also appointed and it was emphasised that he had served a regular apprenticeship. Other matters were dealt with and the Dispensary began to receive patients in October 1824 only 6 months after the initial meeting in April. Notices were placed in the local press and the committee arranged for 500 handbills to be printed and circulated amongst the poor “specifying the objects for whose relief it is established”. There was an immediate demand for the Dispensary services- - a further indication at how badly they were needed.

What Services did the Dispensary aim to provide and who was to benefit from those services?

Every effort was made in the rules to make sure that the Dispensary was properly administered and accountable in the hope of ensuring that it would be in a position to provide the promised services. (*Rules 1, 2, 3, 4, 14*) It is not necessary to look at this section in detail, except to point out

that *Rule 1* sets out very clearly who had the right to sponsor patients and that the number sponsored depended on the amount of the subscription.

Again, in an effort to provide the best possible services, tight regulations covered medical staffing.

Rule 5 stated that no more than 3 physicians and 3 surgeons were to be appointed and attempts were made to make sure they were properly qualified – the physicians having obtained their degrees “by undergoing the usual exercises at a university” and the surgeons having received a diploma “from some incorporated college of surgeons”. They were allowed to remain in their positions “so long as they continue to discharge the duties of their office”

Rule 4 stated that both physicians and surgeons had to be elected at a meeting of the Trustees, at least 14 days notice having been given in the Leeds press. If the election was contested, a ballot had to be held.

Rule 8 - The 6 medical officers were not required to be in attendance at the same time. One physician and one surgeon were expected to attend in rotation 3 days a week “to examine and prescribe for their prospective patients” Their duties included visiting patients in their own homes.

Rule 6 provided for the appointment of a resident medical officer, the Apothecary, “who must have served a regular apprenticeship”. The honorary medical officers - the Faculty – were to interview candidates for the post and then make their recommendations to the committee. This arrangement was “for the time being”

Rule 9 - Strict terms of employment were set out for the Apothecary. The whole of his time was to be devoted to the Dispensary and “on no account” was he to “attend to private professional practice”. If he left the Dispensary building, he was to write down where he had gone in a book specially kept for this purpose. *Rule 8* also stated that he had the responsibility of visiting patients at home and was required to report to the honorary Physician and/or Surgeon on duty any cases he judged to be “difficult or dangerous”. *Rule 9*, The Apothecary was also the Secretary of the Dispensary and had to attend all Board and Committee meetings. He had to “minute down and register all proceedings and lay before the Committee a list of such medicines and other articles as are wanted”

Obviously every effort was being made to ensure that the medical staff was properly recruited, suitably qualified, and fully aware of their responsibilities to try to ensure that they provided the best possible services.

Details of the services the Dispensary hoped to provide and those entitled to benefit were also set out in the rules.

The tone is hierarchical and paternalistic with an acceptance of inequality typical of the early 19th century.

Rule 10 made it clear that the Dispensary aimed to treat the sick poor only. It stated specifically that people able to pay for their medicines were not eligible. To try to enforce this, all intending patients had to obtain a recommendation from a subscriber (trustee), although emergencies could be treated “at the first instance” without recommendation although this was required if further treatment was necessary.

(*Rule 1* – already referred to - The number of recommendations a subscriber could give during one year was determined by the amount of the subscription.

Rule 8 - Patients too sick to attend at the Dispensary could be treated at home if they lived within a radius of one mile but there were no geographical limits on those patients seeking treatment at the Dispensary building. (*Rule 7*)

Rule 11 - Under normal circumstances 2 months treatment was the maximum allowed. Patients could be discharged for non-attendance if they absented themselves for longer than a fortnight without sending a satisfactory excuse.

Rule 13 - All patients were required to provide themselves with bandages, gallipots and phials for medicines and to return unused medicines.

Rule 12 - The services of the Dispensary did not extend to "menial servants nor domestic apprentices", their masters were expected to provide for them.

Rule 14 - The children of the poor could be inoculated for the cow-pox if they attended the Dispensary on the appointed days.

Rule 15 - After being discharged or relieved, all patients or their friends were required to attend the next committee meeting "to return thanks"

How successful was the Leeds Dispensary in providing these services to the sick poor in it's first 40 years? Did it prove to be an "institution of great utility?"

Looking at the information available, there seems little doubt that the Dispensary did provide tremendous benefits to the sick poor, although often there was considerable difficulty in maintaining those services, cost being the major problem. At times it seemed doubtful whether the Dispensary could survive, but its usefulness was never questioned.

As already stated, there was an immediate demand for the Dispensary's services. The First Annual Report published in July 1825, showed that 1814 patients had been treated at the Dispensary since its opening the previous October, most of whom had been discharged cured or materially relieved. In addition, nearly 400 patients had been visited at home. Most of these would not have received any other help. These figures were used to support an appeal for more subscribers to meet the increasing demand on the charity, which was already £155 in debt. The Leeds papers gave their support, giving examples of the badly needed help, which the "exemplary charity" could provide e.g.

"The father of a family on whose daily labour depended the support of numerous offspring seized by a sudden and violent malady"

or... "the mother of a large family her absence from home may be attended by many serious disadvantages to her family"

or... "the child of a poor man, too young and helpless to become the in-patient of an infirmary, may be seized with a dangerous and inflammatory disease or it may be an attack of croup, scarlet fever or measles many of which become under neglect or improper management sources of virulent contagion"

The Second Annual Report in July 1826 showed a similar pattern to that of the previous year with a 30% increase in the number of patients treated, but there had been a further deterioration in the financial situation, the debt having reached more than £550 "in spite of the utmost attention to economy in every department". Again the Dispensary's usefulness was not questioned, cost and the increasing demand for its services were the problem.

Drastic action was necessary – a canvass of the town was organised to solicit regular, annual subscriptions and all Leeds clergy were asked to address their congregations, the address to be followed by a collection for the benefit of the Dispensary.

These measures were apparently insufficient as a Bazaar was arranged for early January 1827, to meet the “urgent needs of the Dispensary” and to “replenish its funds”.

The Bazaar proved to be a major social event with detailed coverage in the local papers of both the preparations and the event itself which lasted for 3 days with a ball arranged for the final night although this had to be postponed until the end of the month, due to the death of the Duke of York. The insights into the social life and attitudes of middle class Leeds contained in these reports provide a stark contrast to the lives of those its efforts were meant to help. These accounts are so revealing that it might be worth looking at a few examples.

On viewing day, the Leeds Mercury reported that there was “one of the most numerous and brilliant assemblages ever collected in Leeds for the purpose of taste, fashion or amusement” .It continued “It would be impossible to give an adequate conception of the gay and splendid appearance of the diversified productions of the pencil and needle by which the tables were adorned and we will not trust ourselves to describe the more interesting spectacle of female elegance by which the general effect was heightened..... we felt proud of our fair country women, of their accomplishments, of their beauty, of their commanding influence and station in society, etc.

Typical of early 19C practice, a well-known local poet had written a poem to mark the occasion. Copies of “The Stranger and his Friend” written on ornamental paper could be purchased for 1/- each. The Mercury commented, “that it will be a gratifying reflection that the present act of charity has been immortalised in the imperishable verse of one of the most useful, elegant and popular poets of the present day”

On the first day of sales, the rooms were so overcrowded there were real concerns for safety, again there were fulsome compliments paid to the ladies.

The bazaar was an outstanding financial success, the proceeds amounting to £1550 but in spite of this, the Dispensary Committee was still worried about demand continuing to outstrip resources and in February of that same year, 1827, the medical officers were asked to confine the annual expenditure to £700 a year and to limit the number of patents to 140 a month. (35 a week)

This cycle of increasing patient numbers followed by a financial crisis leading to cut backs in services temporarily solved by financial appeals was repeated with depressing regularity throughout the first 40 years.

For example, in June 1829, it was felt necessary to limit weekly numbers to 20, patients were to supply their own leeches and the Apothecary’s salary was reduced from £100 a year to £80pa.

The Bamforth Case

In August of that same year, 1829, a case was reported in the press, which throws some light on the extent of the services the Dispensary was attempting to provide.

On Saturday, 15th August, Sarah Bamforth, aged 4, was badly scalded. Her family lived at the Bank, a very poor area in Leeds. Her father went to the Dispensary for help, but both the Apothecary and his assistant were out visiting patients. The housekeeper advised him to apply to the Town Surgeon since the Apothecaries were unlikely to return for several hours. The Dispenser

also suggested the usual treatment for scalds. If the case had been thought “alarming”, the normal procedure would have been to send for the Surgeon of the Week (Surgeon on duty), but this was not thought necessary. Shortly after returning to the Dispensary, the assistant apothecary visited the child and “saw nothing to indicate danger”. He took the father back to the Dispensary for the “necessary remedies” and advised that some wine would be helpful. He said he would visit again the following day, in the morning if possible. Both Apothecaries made this visit but due to the urgency of other calls, it was nearly 2 o’clock before they arrived, by which time the child was much worse although the Dispensary had not been informed. A person “noted for the cure of scalds” probably a “quack” had been consulted and the father told the Apothecaries to leave. Sarah died shortly after.

As a result, the Leeds Mercury accused the apothecary of negligence, a charge from which he was later exonerated after a detailed enquiry by the Dispensary committee. The Leeds Mercury accepted this but suggested that there should be more “back up” services when both apothecaries were out -“It appears most desirable that an officer should always be on the spot to render assistance in sudden emergencies” – an ideal difficult to realise with the limited resources available. It is interesting that the Dispensary committee took the charges sufficiently seriously to issue a lengthy report after its detailed enquiry indicating that it was seriously concerned about the quality of care it provided in one of the poorest areas of the city and the perception of that care by its subscribers.

To return to the cycle of demand for services outstripping resources -

By 1830 the situation was again critical and another canvass of the town for subscriptions followed in 1831, the letter sent out prior to the canvass indicating that the crisis had led to the neglect of “many urgent applications for medical and surgical aid” and “ by the medical officers discarding from their prescriptions altogether some of the most costly and efficacious drugs” Again, no question about the Dispensary’s usefulness, cost was the continuing problem and so it went on.

There was a significant increase in the numbers of patients treated between 1836 and 1840 at which time it was reported that “many urgent cases were being admitted without recommendation because their need was so great that it would have been inhumane to turn them away.” The increase between 1836-1837 was attributed to influenza and in 1837-8 to the severity of the winter and “the reduced circumstances” of people as a result of the stagnation in trade and their poor standard of health following the previous year’s epidemic. The increased population and continuing recession meant the situation did not improve and eventually restrictions had to be imposed and in 1840 it was reported that many cases had been refused. This led to another crisis and by 1841 the debt was expected to be nearly £800, expenditure being almost double the income. Yet another canvass was organised and another restriction placed on the number of cases treated.

There were similar problems between 1846 and 1849 when the continuing economic difficulties caused destitution and increasing sickness amongst the Leeds poor, “augmented in an alarming degree by the immigration of large bodies of Irish paupers” A major outbreak of typhus in 1847 and a policy of admitting children without recommendation because their diseases were “normally of a dangerous character” made matters worse. Between 1848 and 1849 a number of patients were refused each day but there were still more urgent cases than in the previous 2 years. A cholera epidemic in 1848-49 further complicated the situation. However, the drastic policy did eventually work and there were no urgent admissions between 1849-50 and only 2 in 1850-1. But this was

only a temporary respite and there were further problems in the mid to late 50's (The Annual Report for 1853-4, stated that 658 emergencies had been treated in that year and the reports for the late 1850's emphasised the continually increasing number of all types of patients seeking help.)

This was further stressed in the Annual Report for 1859-60, which gave figures at 5-year intervals of income, expenditure and patient numbers. (Appendix B) This was in preparation for another public appeal and was designed "to show at a glance, the steady progress in the working of the Dispensary from its establishment in 1824 to the present time" The appeal aimed to increase subscription income to £1,000 a year, but this was not achieved although there was a small increase. This was just one of many attempts to try to achieve a predictable annual income which would match the tightly controlled expenditure in the first 40 years of the Dispensary's existence.

The Dispensary was not alone in having insufficient regular subscription income, most voluntary societies faced the same problems and adopted the same remedies Fortunately there were usually enough people willing to give donations in times of special need provided that the charity appeared to be fulfilling its objectives and the Dispensary was certainly doing that.

In spite of the ongoing financial problems there appears to have been a real commitment to maintain and develop the Dispensary's services, a further recognition of their value. There was always regret expressed when patient numbers had to be restricted, a decision often delayed until there was no alternative and attempts were then made to increase the numbers treated as soon as possible.

To provide improved facilities, the Dispensary moved twice between 1824 and 1867. In 1828/9 the rooms in the House of Recovery proved inadequate and after much debate, with some people advocating a purpose built building, an existing building was adapted to the Dispensary's needs, cost being the decisive factor. It was in these premises that the newly founded Leeds Medical School rented rooms between 1830-34.

1867 was the date of the second move, this time into purpose built premises, with a waiting room for 200 people.

Home visiting was regarded as perhaps the most valuable of the Dispensary's services with numerous references to its usefulness in the minutes, the Annual Reports and the press. The Annual Report of 1836 stated "its domiciliary visits have brought to light cases of wretchedness and disease which otherwise would have escaped observation. The diffusion of contagious diseases has frequently been checked by its timely interference." The 1839 report gave some idea of the scope of home visiting stating that on average there were between 100 and 120 patients constantly on the visiting list, more than half requiring daily attendance and many others being visited on alternate days.

As a result in 1843, the home visiting district was extended to a radius of one and a half miles – after several years of agonising as to how this could be afforded. In the year following this extension, 1843-4, 1886 patients were visited at home, 279 more than in the previous year and by the time of the 39th year, 1862-3, 27,517 home visits were reported as having been made during that year to 4721 patients, an average of 75 visits daily. This was a very large increase on the previous year and was due to the unusually high incidence of epidemic disease – smallpox, scarlet fever, measles and whooping cough.

However, in spite of the impressive number of home visits, the majority of people were treated at the Dispensary building. It is disappointing that there is so little information available about the reasons for attendance and the treatments given – no detailed patient records have survived. From the information available medical advice and the prescription of medicines appears to have been the most common treatment. The Income and Expenditure lists prepared for the 20th, 30th and 40th Annual Reports seem to support this. (Appendix C) The bill for drugs was usually one of the largest items of expenditure (e.g. in September 1826, £200 was paid to 3 main suppliers. In January 1828 and again in January 1833, over £400 was paid to 4 different druggists.) Leeches were also widely used, a significant sum being spent on these each year except in times of stringent economy when patients had to supply their own. Items of surgical equipment were often included on the expenditure lists but the amount spent on these fell far short of the sum spent on drugs, which seems to confirm the emphasis on medical rather than surgical treatment.

In conclusion, how successfully had the Dispensary achieved its aims in the first 40 years– had it proved to be an “institution of great utility”?

Despite all the financial difficulties, there was never any doubt expressed about the usefulness of the Dispensary and I think that the graphs showing the Admissions and Discharges for the 20th, 30th and 40th years (Appendix D) show how many people had benefitted from its services in those years and that in spite of the many shortcomings, mainly due to demand outstripping resources, a charity which reported that in its first 40 years it had treated 131,181 patients, 81,530 in their own homes, most of whom would probably have received no other help, had been without doubt “an institution of great utility”

The Dispensary continued to survive as a very well regarded voluntary organisation, moving to a magnificent new building in 1904, adapting to meet changing circumstances until it was absorbed into the newly formed National Health Service in the late 1940's. It finally closed in 1971.



1 That all persons who subscribe annually the sum of one Guinea, or upwards, Benefactors of £10 10s., Ministers preaching annual sermons followed by collections, are Trustees, & are entitled to vote on all matters relative to it, & to have one patient continually on the Books of the Charity, for every Guinea subscribed, & for every donation of £10 10s. or annual collection. That persons subscribing the sum of 10s. annually possess the privilege of having one patient on the books at a time, but not to give more than five recommendations in the course of the year. They are not however entitled to vote on any occasion.

2 That an annual general Meeting of the Trustees be held on the first Monday in July, at 12 o'clock at the Dispensary, at which meeting five Trustees shall constitute a Board, when the Accounts of the Charity for the proceeding year shall be inspected & a full report offered of its present state, of the number of patients admitted during the year.

3 That at the Annual Meeting, a Committee, consisting of the Treasurer, the Physicians & Surgeons of the Dispensary, & twelve other Trustees, be appointed to superintend its management & general concerns, which Committee shall have the power of making such provisional regulations, as may appear necessary, & which may continue in force until the next annual Meeting, & that it shall meet once a month & that three be a quorum.

4 That no alteration in the Laws of the Charity, nor any election of Physician or Surgeon, after the first appointment of the Medical Officers, be made unless a public notice be given thereof in the Leeds Papers, at least fourteen days previously; & that all elections, if contested, be made by ballot, & that in future, no person shall vote who has not been a trustee at least six months, or whose subscription is in arrear. That Ladies may vote by proxy, & all Trustees residing five miles or upwards from Leeds.

5 That the number of Medical Officers appointed for the Dispensary do not exceed three Physicians & three Surgeons, who shall be *ex officio* Trustees of the Dispensary. That no Physician is eligible unless he has obtained his degree by undergoing the usual exercises at an university and that no surgeon is eligible unless he has received a diploma from some incorporated College of Surgeons, and that such Physicians and Surgeons as are duly elected to the care of this Charity, shall remain in their several departments so long as they continue to discharge the duties of their office.

6 That the Election of the House Apothecary [Resident Medical Officer], who shall have served a regular apprenticeship, be made, after previous examination by the faculty for the time being.

7 That every patient who brings a recommendation from a Trustee, shall receive advice & medicines at the Dispensary, without regard to place of abode.

8 That one Physician & one Surgeon shall attend by rotation, at the Dispensary, three days a week, to examine & prescribe for their respective patients. They shall also visit at their several places of abode, such cases as are reported by the Apothecary to be difficult or dangerous. This class of patients shall be limited to those who are unable to attend the Dispensary from the nature of their complaints, & who reside within the Township of Leeds, not exceeding one mile from the Dispensary.

9 That the whole time of the apothecary be devoted to the service of the Dispensary; that he shall on no account attend to private professional practice; that he shall never leave the House without writing down in a book to be kept for that purpose, where his is gone; that he be the Secretary of the Institution, attend all Boards & committee Meetings, minute down and register all proceedings & lay before the Committee a list of such medicines & other articles as are wanted.

10 That the only proper objects of the Charity being the sick poor, no persons shall on any account receive relief who are able to pay for their medicines, and all patients, on applying for relief, shall be provided with a recommendation from a Trustee, except in cases of emergency, when they shall be prescribed for, & receive medicines in the first instance, on their personal application; - in such extreme cases, however they are immediately to produce regular recommendations.

11 That no patient be retained on the books more than two months (unless the Physician or Surgeon, under whose care they are placed, should deem it necessary) - on their discharge they shall convey an intimation thereof to the Trustee, by whose recommendation they were admitted; and if any patients absent themselves longer than a fortnight, without an excuse satisfactory to their Physician or Surgeon, they shall be discharged for non-attendance.

12 That no menial servants nor domestic apprentices, whose masters are able to provide for them, can be admitted as proper objects of this charity.

13 That all patients are to provide themselves with bandages, gallipots, & phials for their medicines, & and to return any medicines which they may not use.

14 That such laws of the General Infirmary at Leeds, as are applicable to the Dispensary, be referred to for the regulation of those matters not included in the preceding Laws. The children of the poor may be inoculated for the cow-pox by attending at the Dispensary on the days appointed.

15 That all patients or their friends, are required to appear at the first meeting of the Committee after their discharge as cured or relieved, to return thanks.

Source: West Yorkshire Archive Service (Leeds District Archives) - St. James University Hospital Additional Records Minute Book 1 pp. 2-5, Subscribers Meeting, June 14th 1824

Appendix B

TABLE 3
Statistics for Public Appeal Meeting, April 1860⁸⁴

Years	Income	Expenditure	Number of patients attended	Number of patients visited	Number of slight and casual attended to
1825	£500 7s. 6d.	£655 17s. 11½d.	1,814	400	
1829	£559 6s. 2d.	£686 15s. 4d.	2,504	1,114	
1834	£530 2s. 6d.	£687 4s. 3d.	3,585	1,336	
1839	£602 1s. 11d.	£887 12s. 8d.	4,677	1,767	
1844	£819 14s. 8d.	£962 3s. 2d.	4,671	1,886	
1849	£620 17s. 7d.	£846 19s. 8d.	3,691	2,045	1,000
1854	£574 8s. 0d.	£627 6s. 9d.	3,487	2,107	2,000
1859	£1484 7s. 9d.*	£1090 7s. 10d.	5,382	4,076	3,900

* Of this sum £747 18s. 10d. was raised by donations etc., to liquidate the debt due to the Treasurer on 30 June 1858

Source: Leeds Public Dispensary, 36th Annual Report, 1859-60

Appendix C

Leeds Public Dispensary
Income and Expenditure
1843-4 (20th Year); 1853-4 (30th Year); 1863-4 (40th Year)

Income	1843-4			1853-4			1863-4		
	£	s	d	£	s	d	£	s	d
Subscriptions	600	8	7	544	6	6	871	12	0
Collections							9	18	8
Legacies							121	4	6
Benefactions/Donations	215	8	1	26	17	0	103	2	0
Sundries								5	8
Interest received	3	18	0	2	14	0	7	2	0
TOTAL INCOME	819	14	8	573	17	6	1113	4	10
Expenditure	1843-4			1853-4			1863-4		
	£	s	d	£	s	d	£	s	d
Wages & Salaries	238	1	11	258	5	6	414	12	0
Drugs	458	13	9 1/2	220	5	6	514	0	6
Surgical instruments	8	1	11	4	9	6	10	4	8
Leeches	55	16	11	9	19	3		14	3
Apothecary's Incidentals	5	8	7 1/2		10	5			
Soap & Candles	5	11	0	2	19	8	4	8	2
Stationary, Printing, Postage, Advertising	24	14	5	32	18	10	53	18	5
Repairs, Furniture, etc.	68	14	3	35	15	3	37	16	4
Gas	6	6	8	7	18	10	11	4	3
Petty household expences/Sundries							16	2	10
Insurance premiums	4	8	6	2	4	3	2	5	0
Water rent	14	14	6	3	3	0	3	8	4
Calico for bandages	2	7	0	2	3	0			
Collectors' percentage	19	18	6	32	0	3	57	19	7
	960	17	2	625	14	9	1144	13	5
By Commission	1	6	0	1	12	0	2	18	2
Cash Balances	1843-4			1853-4			1863-4		
	£	s	d	£	s	d	£	s	d
Bank Balance brought forward	(35	8	4)	133	0	2	(35	8	10)
Bank Balance carried forward	(177	16	10)	180	1	5	(69	15	5)

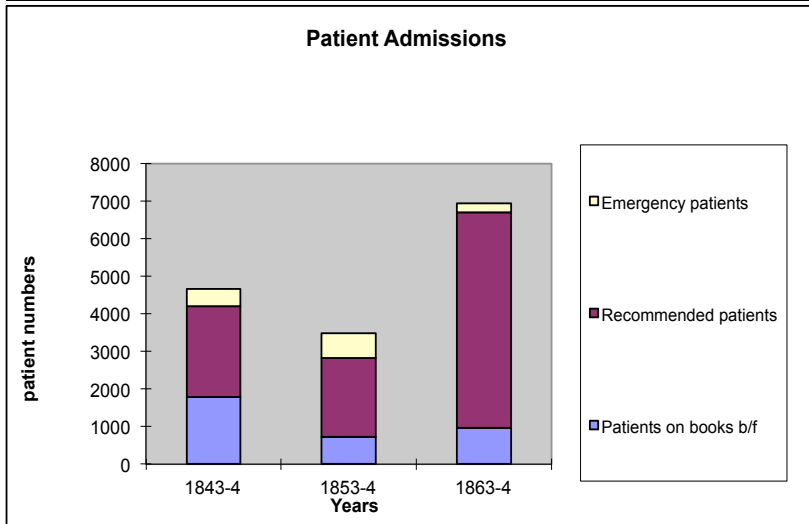
Sources:- Leeds Public Dispensary, Annual Reports for the years as above

Appendix D (a)

**Leeds Public Dispensary
Patient Admissions & Discharges by number**

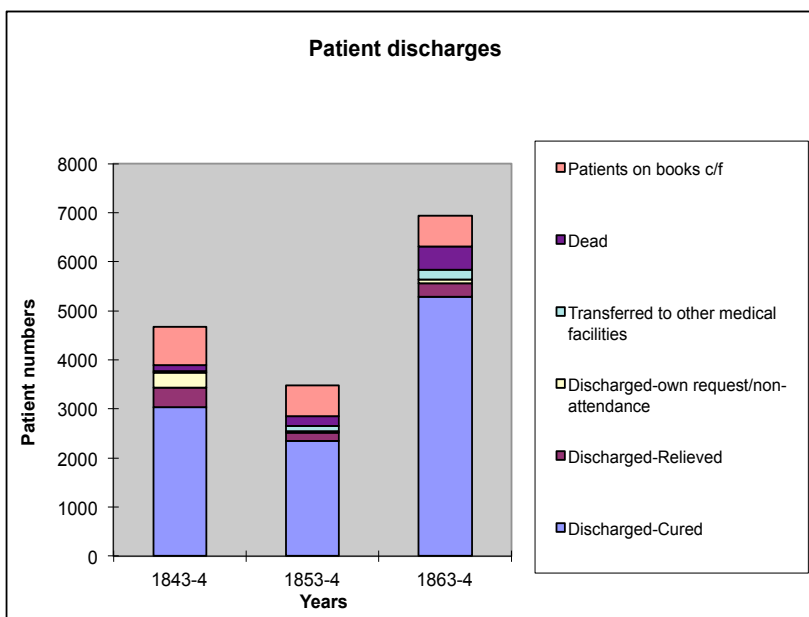
Patient Admissions

	1843-4	1853-4	1863-4
Patients on books b/f	1797	730	972
Recommended patients	2411	2099	5727
Emergency patients	463	658	246
Total	4671	3487	6945



Patient Discharges

	1843-4	1853-4	1863-4
Discharged-Cured	3035	2353	5291
Discharged-Relieved	392	157	272
Discharged-own request/non-attendance	306	31	79
Transferred to other medical facilities	41	106	190
Dead	116	204	478
Patients on books c/f	781	636	635
Total	4671	3487	6945



Sources:- Leeds Public Dispensary, Annual Reports for the years as above

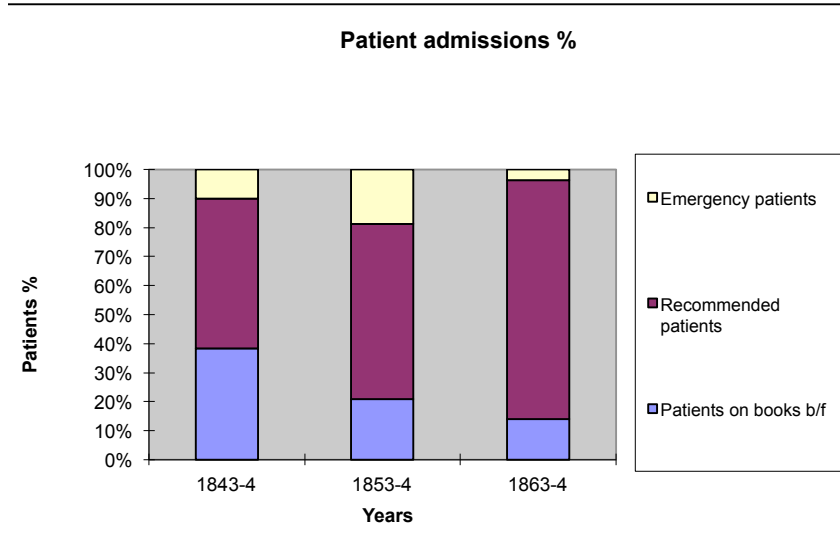
Appendix D (b)

**Leeds Public Dispensary
Patient Admissions & Discharges by percentage**

Patient Admissions

	1843-4	1853-4	1863-4
Patients on books b/f	38.47%	20.93%	14.00%
Recommended patients	51.62%	60.20%	82.46%
Emergency patients	9.91%	18.87%	3.54%

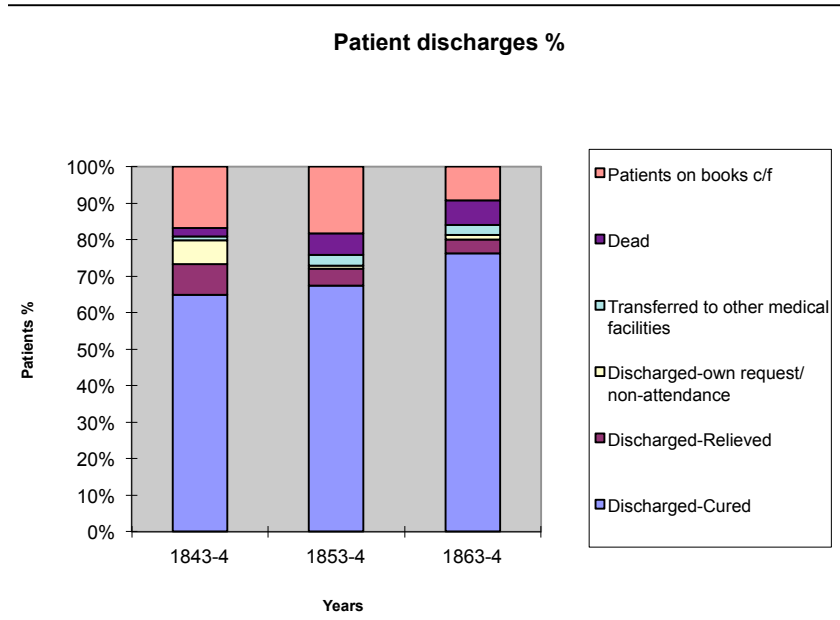
Patient admissions %



Patient Discharges

	1843-4	1853-4	1863-4
Discharged-Cured	64.98%	67.48%	76.18%
Discharged-Relieved	8.39%	4.50%	3.92%
Discharged-own request/non-attendance	6.55%	0.89%	1.14%
Transferred to other medical facilities	0.88%	3.04%	2.74%
Dead	2.48%	5.85%	6.88%
Patients on books c/f	16.72%	18.24%	9.14%

Patient discharges %



Sources:- Leeds Public Dispensary, Annual Reports for the years as above