

Free Health Care for the Poor: The Philadelphia Dispensary

SCHOLARS HAVE TRACED the American hospital's development from last-resort refuge for the poor and dying in the eighteenth century to the principal health care institution for people of all classes by the early twentieth century. With the exception of Charles Rosenberg, however, few have paid much attention to the dispensary, where far more of the urban poor received medical treatment than in hospitals during the same period.¹ This study of the Philadelphia Dispensary traces its history through three periods—the terms are mine: the short-lived “republican” dispensary founded in 1786, which tied health care to virtuous poverty, at least in theory;² the “democratic” dispensary, which by the 1820s, if not earlier, was treating anyone who showed up; and the “Gilded Age” dispensary, which came under attack as a “combination in restraint of trade” (much like the business corporations that the Sherman Anti-Trust Act attempted to regulate using that language in 1890) for dispensing health care to the detriment of doctors without institutional connections. The dispensary's history can teach us much about Philadelphians' attitudes

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¹ Charles E. Rosenberg, “Social Class and Medical Care in Nineteenth-Century America: The Rise and Fall of the Dispensary,” *Journal of the History of Medicine and Allied Sciences* 29 (1974): 32–54, reprinted in *Sickness and Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Walzer Leavitt and Ronald L. Numbers, 3rd ed. (Madison, WI, 1997). See also Rosenberg, ed., *Caring for the Working Man: The Rise and Fall of the Dispensary: An Anthology of Sources* (New York, 1989).

² I use “republican” here to refer to the political ideology of the late nineteenth century. Later, I refer to the Jeffersonian Republicans as a political party that was actually becoming increasingly democratic.

toward the poor, health care, and the role of private philanthropy in ameliorating social problems over nearly a century and a half.

The Republican Dispensary

The Philadelphia Dispensary opened on April 12, 1786, the first of its kind in the United States. Designed for “the medical relief of the poor,” the dispensary offered various benefits. While most patients would go to the dispensary and receive medicines (hence the word “dispensary”) to treat their ailments, those who were too ill would “be attended and relieved in their own houses, without the pain and inconvenience of being separated from their families,” but “at a much less expence to the public than in a hospital.” Further, Philadelphians realized that “there are some diseases of such a nature, that the air of an hospital, crowded with patients, is injurious.” Psychological as well as physical considerations mattered. Home care would allow “the sick . . . [to] be relieved in a manner perfectly consistent with those noble feelings of the human heart, which are inseparable from virtuous poverty.” *Virtuous* poverty was the key: the 1786 *Plan of the Philadelphia Dispensary for the Medical Relief of the Poor* began by noting that “in all large cities there are many poor persons afflicted by diseases, whose former circumstances and habits of independence will not permit them to expose themselves as patients in a public hospital.”³

The dispensary thus differed from hospitals, the previously established health care institutions in Philadelphia, which were situated away from the general population not only for reasons of healthier air but to segregate undesirable elements. Although the Pennsylvania Hospital is sometimes considered the first hospital in the colonies, the Philadelphia Hospital, founded in 1731 in tandem with the Philadelphia Almshouse, came first. (A Friends’ Almshouse, exclusively for the few Quakers who required assistance, was erected in 1717.) Also in 1743, Pennsylvania erected a lazaretto on Fisher’s Island, south of Philadelphia where the Schuylkill and Delaware Rivers met, to quarantine disease-bearing immigrants who previously had been placed in vacant houses in the city, from which they spread disease.⁴

³ *Plan of the Philadelphia Dispensary for the Medical Relief of the Poor* (Philadelphia, 1786).

⁴ Thomas G. Morton, *The History of the Pennsylvania Hospital, 1751–1895* (Philadelphia, 1897), 1–8; *Anno Regni Georgii II. Regis, Magnae Britanniae, Franciae & Hiberniae, Vigesimo*

Two motives intertwined in the founding of the dispensary and its predecessors: humanitarianism and economic efficiency. Prevention of social disorder and cost savings were the major selling points the first subscribers to the Pennsylvania Hospital emphasized in asking the assembly to contribute £2,000 to match privately raised funds. They began by noting that the building would take “the number of Lunaticks” that “hath greatly increased in this Province, . . . some of them going at large . . . a Terror to their Neighbours,” off the streets. The subscribers claimed that two-thirds of those who had entered London’s Bethlehem (more commonly known as Bedlam) Hospital were cured in a matter of weeks. The subscribers concluded by emphasizing “the Expense in the present manner of Nursing and Attending them [the poor] separately” and the hope that with effective care they would “be made in a few Weeks, useful members of the Community, able to provide for themselves and Families.” The hospital would transform the unworthy poor into productive inhabitants.⁵

Yet the magnificent building still standing between Eighth and Ninth and Spruce and Pine Streets in downtown Philadelphia belies the fact that obtaining public order on the cheap was the only reason the hospital was built. The assembly was reluctant to grant funds: only when the doctors agreed to serve free of charge for three years did it pass the appropriation. The most moving section of the subscribers’ petition, sandwiched between the issues of fear and economy, stated the institution hoped to aid those “whose Poverty is made more miserable by the additional Weight of a grievous Disease . . . languish[ing] out their Lives, tortur’d perhaps with the Stone, devour’d by the Cancer, deprived of Sight by Cataracts, or gradually decaying by loathsome Distempers.”⁶

Despite the high hopes of reform and the civic pride manifested in the hospital building, Pennsylvania Hospital was typical of the early variety of these institutions. Until the late nineteenth century, hospitals were, for the most part, places where “the depraved and miserable of our race” waited to die, as Presbyterian minister Ely Ezra Stiles wrote in 1810 of New York’s hospital, specifically calling attention to diseased prostitutes and beggars. Only between the 1870s and 1920s, when the number of hospitals in the

Quarto. At a General Assembly of the Province of Pennsylvania, Begun and Holden at Philadelphia, the Fourteenth Day of October, Anno Domini, 1750 . . . (Philadelphia, 1751), 155; David Rosner, “Health Care for the ‘Truly Needy’: Nineteenth-Century Origins of the Concept,” *Milbank Memorial Fund Quarterly* 60 (1982): 357.

⁵ Morton, *Pennsylvania Hospital*, 8.

⁶ *Ibid.*

nation rose from 170 to over 4,500, did they become sites of medical care for the general population.⁷

The locations of Philadelphia's early health care institutions reflected their purpose. The Philadelphia Almshouse was located first between Third and Fourth and Spruce and Pine Streets, outside of the city's populated area in 1731, as was the Pennsylvania Hospital when it opened at its present site in 1752. Mikveh Israel, the city's small Jewish congregation, had placed its cemetery that far out of town, at Ninth and Spruce Streets, in the fruitless hope it would prevent vandalism. The almshouse moved further west in 1767 to between Tenth and Eleventh and Spruce and Pine Streets. In contrast, the dispensary's location, on Independence Square at Fourth and Chestnut Streets in the heart of the late eighteenth-century city, indicated that the "worthy" poor would bear no stigma when requesting free medical care and that the attractive building they entered would be a source of civic pride easily visible to inhabitants and visitors alike. The dispensary did, however, borrow from the hospital its modes of governance and method of staffing. Subscribers to both institutions voted for a board of managers. Both employed consulting (senior) and practicing (junior) physicians.⁸

The Philadelphia Dispensary was modeled closely on one founded in London in 1770. Both board of managers president William White and first subscriber Benjamin Franklin would have known about it, as they were in London at the time it was established, and the Earl of Dartmouth, a friend of Franklin and the colonies, was the first president of what the English institution called its board of governors. Borrowing a practice from the numerous hospitals set up in Britain, patients could only be referred by subscribers: in London, one guinea (a pound and a shilling) allowed them to send one patient at a time, while in Philadelphia they could send two. Ten guineas was the lifetime membership fee on either side of the Atlantic, which permitted members to send one (in England) or two (in America) patients at a time for the rest of their lives. As in

⁷ Quotation from Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (Baltimore, 1987), 15, an excellent account of the early hospital and its late nineteenth-century transformation into the modern institution that cared for people of all classes. For the nature of early hospitals, also see Morris Vogel, "Patrons, Practitioners, and Patients: The Voluntary Hospital in Mid-Victorian Boston," in Leavitt and Numbers, *Sickness and Health in America*, 323–33.

⁸ For locations, see Charles Lawrence, *History of the Philadelphia Almshouses and Hospitals from the Beginning of the Eighteenth to the Ending of the Nineteenth Centuries* (Philadelphia, 1905), 20, 23, and William Pencak, *Jews and Gentiles in Early America, 1654–1800* (Ann Arbor, MI, 2005), 189.

Philadelphia, the London doctors attended Monday, Wednesday, and Friday at eleven o'clock and donated their services—many were also subscribers who could thus choose their own patients.⁹

The London institution, like that in Philadelphia, insisted that its patrons would be aiding the *industrious* poor. In 1771, for instance, the London report stressed that “this Charity will be particularly serviceable to . . . poor labouring Families,” and the 1776 report noted that “the poor are a large, as well as useful part of the community; they supply both the necessary and ornamental articles of life; they have therefore a just claim to the protection of the rich.”¹⁰ The four London dispensaries built in the 1770s, plus a fifth added in 1801, were relieving fifty thousand people per year out of a population of about a million by that date. The Philadelphia Dispensary serviced about two thousand people a year in the first decade of the nineteenth century out of a population of fifty thousand, or a roughly comparable percentage: its successful example was followed by others in New York in 1790 and Boston in 1796.¹¹

Free care did not mean inferior care. Throughout the dispensary's history, it acted much like a teaching hospital or medical school, as did the almshouse and hospital where many of the same doctors started their careers and later consulted. Most of the attending physicians were young doctors who used the institution to gain experience and curry the favor of the patrons and the senior consulting physicians and thereby build their own practices. For over a half century they worked for free, whereas the apothecary, who was on duty full time, was paid one hundred pounds (later four hundred dollars) a year. The first doctor to be paid was Carter Berkeley, who received one hundred dollars in 1838, at a time when the turnover of physicians was increasing.¹²

Many notable American physicians were connected with the Philadelphia Dispensary. The first to serve included twenty-six-year-old

⁹ *An Account of the General Dispensary for Relief of the Poor. Instituted 1770* (London, 1771); and Paul Langford, *A Polite and Commercial People: England, 1727–1783* (Oxford, 1989), 134–41, for British hospitals and dispensaries.

¹⁰ *Account of the General Dispensary for Relief of the Poor. Instituted 1770*, 4; *An Account of the General Dispensary for Relief of the Poor. Instituted in 1770, in Aldersgate Street 1770* (London, 1776), 3.

¹¹ William R. Lawrence, *A History of the Boston Dispensary* (Boston, 1859), 6–9.

¹² List of Physicians, Philadelphia Dispensary, 1786–1921, Dispensary Records, Pennsylvania Hospital Historic Collections, Philadelphia. For the almshouse, which became the Philadelphia General Hospital, see Charles E. Rosenberg, “From Almshouse to Hospital: The Shaping of the Philadelphia General Hospital,” *Milbank Memorial Fund Quarterly* 60 (1982): 108–54.

Caspar Wistar and twenty-eight-year-old Samuel Powel Griffiths, future professors at the University of Pennsylvania Medical College. They were also among the six attending physicians at the almshouse following a major reform of the city's welfare system in 1788.¹³ Both had studied in Edinburgh, the best medical school in the English-speaking world, following their courses at the University of Pennsylvania. Four of the leading doctors in Philadelphia—John Jones, Benjamin Rush, Adam Kuhn, and William Shippen Jr.—were the original consulting physicians. This practice continued, as Francis Sinkler noted in 1909: “In addition to the relief afforded to its large number of patients, many physicians have been trained in its service including most of the more eminent practitioners of the past and present time.”¹⁴

If one family supported the dispensary more than any other, it was the Wistars and their relatives. The noted Dr. Caspar Wistar started his Philadelphia career at the dispensary in 1786, staying until 1793. As of 1806 the board of managers included not only Caspar but Charles Thomas Wistar and Samuel John Wistar. Other physicians at the dispensary included Caspar Morris Wistar, (1827–1829), Caspar Morris (1829–1830), and Caspar Wistar Pennock (1835–1836). Caspar Morris Wistar became the dispensary's secretary when he resigned as a physician in 1829, and he held that post until his death in 1867, when he was succeeded by Thomas Wistar, who remained in office until 1904. In 1856, Caspar Wistar Pennock and Caspar Wistar were life members, and Mifflin Wistar, Thomas Wistar, Wistar Morris, and Thomas Wistar Brown were among the institution's contributors. Life members as of 1916 included Thomas Wistar, Wistar Harvey, and Thomas Wistar Brown, a member of Haverford College's board of managers who served as president of the dispensary from 1891 to 1916.¹⁵

¹³ Lawrence, *History of the Philadelphia Almshouses and Hospitals*, 34–35, 393.

¹⁴ For biographies of these men and many of the other doctors associated with the dispensary, see William S. W. Ruschenberger, *An Account of the Institution and Progress of the College of Physicians of Philadelphia during a Hundred Years from January, 1787* (Philadelphia, 1887); Francis W. Sinkler, “The Philadelphia Dispensary,” in *Founders Week Memorial Volume: Containing an Account of the Two Hundred and Twenty-fifth Anniversary of the Founding of the City of Philadelphia, and Histories of Its Principal Scientific Institutions, Medical Colleges, Hospitals, etc.*, ed. John V. Shoemaker and Charles K. Millis (Philadelphia, 1909), 750–51.

¹⁵ Philadelphia Dispensary, *Annual Report* (Philadelphia, 1806, 1836, 1856, 1916); List of Physicians; Sinkler, “Philadelphia Dispensary,” 750. It is hard to ascertain exactly how the Wistars were related to one another, as the various branches of the family used the same names frequently throughout the eighteenth and nineteenth centuries. See Richard Wistar Davids, *Wistar Family: A Genealogy of the Descendants of Caspar Wistar, Emigrant in 1717* (Philadelphia, 1896).

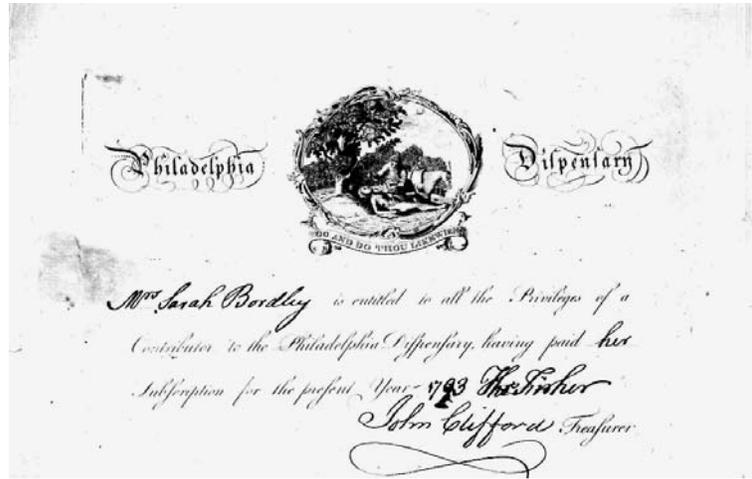
Few doctors stayed with the dispensary for long: John Carson was the first to leave on May 21, 1787, giving a reason that would become typical: because of the “very extensive business of this institution he could not discharge his duty to it without interfering too much with his private practice.” The 303 doctors associated with the dispensary between 1786 and 1921 served an average of three years, although a few—David Jones Davis (1814–1828), Charles Everett Cadwalader (1872–1891), Horace S. Lewars (1892–1912), W. C. Hammond (1896–1915), and Mary Wenzel (1898–1901; 1908–1921)—worked for extended periods. Described in her 1936 obituary as “one of the earliest practicing woman physicians” in Philadelphia, Wenzel had only one female colleague at the dispensary, Rebecca White Elder (1901–1902). Over seven thousand dollars out of twelve thousand spent in 1921, the year of the dispensary’s last annual report, went for salaries, indicating that by that time some doctors either preferred (or had no other opportunity except) to work for the dispensary for extended periods. Cadwalader, however, was only one of many wealthy men and distinguished physicians who donated their time.¹⁶

At least some of the consulting physicians devoted considerable time to the dispensary. In 1826, upon his death, Samuel Powel Griffitts’s contribution was praised by the board of managers. He had served as a consulting physician for over three decades after he “graduated” from being an attending one and had been present “almost daily” from the dispensary’s founding in 1786 until his death in 1826.¹⁷ Benjamin Rush—Philadelphia’s most persistent temperance, prison, antislavery, and medical reformer—can be considered the true architect of the dispensary. Rush reduced his paying practice by a fourth to devote time to the dispensary. The fledgling doctors he supervised also worked hard: he claimed that working at the dispensary, “a young man will see more practice in a month than with most private physicians in a year.”¹⁸

¹⁶ List of Physicians; Charles E. Cadwalader is noted in William B. Atkinson, ed., *The Physicians and Surgeons of the United States* (Philadelphia, 1878), 180; for Wenzel’s obituary, see *New York Times*, Oct. 23, 1936, 23.

¹⁷ Managers’ Minutes, Mar. 24, 1826, Dispensary Records, Philadelphia Hospital Historic Collections; *Philadelphia in 1830* (Philadelphia, 1830), 47.

¹⁸ David Freeman Hawke, *Benjamin Rush: Revolutionary Gadfly* (Indianapolis, 1971), 320–21; Rush to Jeremy Belknap, Jan. 8, 1788, in *Letters of Benjamin Rush*, ed. Lyman H. Butterfield, 2 vols. (Princeton, NJ, 1951), 2:477–82; Rush, *The Autobiography of Benjamin Rush: His “Travels through Life” Together with His Commonplace Book for 1789–1813* (Princeton, NJ, 1948), 159; Rush to Belknap, Oct. 4, 1791, in Butterfield, *Letters*, 2:610.



Philadelphia Dispensary Contributor's Certificate for Mrs. Sarah Bordley, 1793. Courtesy Pennsylvania Hospital Historic Collections, Philadelphia.

The first subscribers to the dispensary numbered 395, 52 of them women. Before the Revolution, no voluntary or civic association had accepted women as members.¹⁹ The list included some of the most prominent names in Philadelphia: Benjamin Franklin (who in the manager's minutes was listed as the first to contribute), three other signers of the Declaration of Independence (Robert Morris, George Clymer, and Francis Hopkinson), four members of the Shippen family, four Pembertons, three Mifflins, and Mayor Samuel Powel. Someone contributed under the name of Anthony Benezet, Pennsylvania's staunchest abolitionist who had died in 1784.²⁰ As a courtesy, in the alphabetical list of names, women were listed first under each letter. Some women contributed separately from their husbands, such as Powel's wife, Elizabeth, and Morris's wife, Mary. Mary's brother, William White, consecrated that year as the first bishop of the Pennsylvania Episcopal Church, was chosen president of the twelve-man board of managers. Each member was permitted to vote for the managers, with women doing so by proxy. Other Philadelphians were invited to join them to support an institution to be housed temporarily in a rented building that opened in Strawberry Alley on April 12. A widely circulated

¹⁹ Jessica Choppin Roney, "Effective Men' and Early Voluntary Associations in Philadelphia, 1725–1775," in *New Men: Manliness in Early America*, ed. Thomas A. Foster (New York, 2011), 155–58.

²⁰ See Maurice Jackson, *Let This Voice Be Heard: Anthony Benezet, Father of American Abolitionism* (Philadelphia, 2009).

broadside encouraged the poor to visit to receive their free smallpox inoculations—no patron was needed for those who wished to better their chances at surviving this extremely contagious disease.²¹

The dispensary was only one of many charitable institutions that elite Philadelphians sponsored in the postrevolutionary era designed to alleviate social ills. As Benjamin Rush proclaimed when he introduced his plan for free schools: “The present is an era of public spirit—the Dispensary and the Humane Society [established to revive people who appeared to have drowned] will be lasting monuments of the humanity of the present citizens of Philadelphia.”²² Many of these featured Episcopal bishop William White, Rush’s next door neighbor at Third and Walnut Streets, as president. The only Anglican clergyman in Pennsylvania to support the Revolution, White was universally respected, even more so after he remained in the city through eight yellow fever epidemics from 1793 to 1805 (and, at the age of eighty-four in 1832, a cholera epidemic) to console the sick and bury the dead. He headed the governing boards of the Philadelphia Society for Alleviating the Miseries of Public Prisons, Christ Church Hospital, and three charity schools (one each for boys, girls, and African Americans) that appeared between 1786 and 1790. Later he would head the Magdalen Society (1800), which afforded relief to unwed mothers, and the city’s first institutions to educate the deaf (1820) and blind (1832). As historian Jessica Choppin Roney has shown, Philadelphians had been creating voluntary societies to a much greater extent than Boston or New York throughout the eighteenth century, but with a burst of energy in the years following the Revolution they added several charitable societies as well as banks, the Chamber of Commerce, an insurance society, a stock exchange, and the Philadelphia-Lancaster Turnpike Company to join the existing fire societies, educational institutions, and social clubs to improve their city.²³

White was no mere figurehead: as with the other associations he led for which records survive, he attended well over half of the dispensary’s board of managers meetings until the mid-1820s, when he was approach-

²¹ *Plan of the Philadelphia Dispensary for the Medical Relief of the Poor*.

²² Benjamin Rush to the Citizens of Philadelphia, Mar. 28, 1787, in Butterfield, *Letters*, 2:415.

²³ See Walter Herbert Stowe, ed., *The Life and Letters of Bishop William White* (New York, 1937), 107–8, 135–41. Jessica Choppin Roney, “‘First Movers in Every Useful Undertaking’: Formal Voluntary Associations in Philadelphia, 1725–1775” (PhD diss., Johns Hopkins University, 2008), 352–78; for postrevolutionary associations, see William Pencak, “The Promise of Revolution, 1750–1800,” in *Pennsylvania: A History of the Commonwealth*, ed. Randall Miller and William Pencak (University Park, PA, 2002), 118–19.

ing his eightieth year. On his death in 1836, the managers resolved: "We are deeply sensible of the loss which this institution and the public has sustained by the death of the Right Reverend William White who from the foundation of this charity for a period of fifty years presided over its council and greatly contributed by his aid and counsel to its advancement and welfare." He was only the second person, following Dr. Griffiths, to receive such a tribute in the minutes.²⁴

Why was the dispensary founded when it was? In 1788, Benjamin Rush wrote to Massachusetts minister and historian Jeremy Belknap that on account of "the late war" the hospital's "usefulness is of late much circumscribed." This health crisis "was in a great degree remedied by the establishment of a Dispensary." Neatly summarizing the humanitarian and economic arguments for the dispensary in one sentence, along with a scientific one analogous to that being advanced at that very moment for the US Constitution he had just signed ("that politics may be reduced to a science"), Rush added: "Thus have we applied the principles of mechanics to morals, for in what other way would so great a weight of evil have been removed by so small a force?"²⁵

The hospital's inability to care for many poor Philadelphians can be explained by the fact that in the 1780s Philadelphia was undergoing a major economic transition. Billy Smith has shown that whereas the household expenses of working Philadelphians increased significantly in the 1780s, their real wages substantially decreased.²⁶ Further, as Sharon Salinger has demonstrated, the nature of Philadelphia's working class was changing as well: apprentices, who were legally subject to the paternal care of their masters, were being replaced in the city's shops by wage workers, most of whom no longer resided with their employer and could be hired or fired as needed.²⁷ Much of the increase in the quantity of free labor and decline in its price occurred because of immigration, especially of Irishmen who came to the city in large numbers following the

²⁴ Managers' Minutes, July 19, 1836. As was the custom in appointing presidents to philanthropic organizations, Philadelphians chose White as the figurehead of the organization because of his popularity. In fact, however, until he was in his late seventies, White attended far more meetings than most directors not only of the dispensary but of the Prison Society, Institute for the Deaf and Dumb, and Board of Trustees of the University of Pennsylvania.

²⁵ Benjamin Rush to Jeremy Belknap, Jan. 8, 1788, Butterfield, *Letters*, 2:477–82.

²⁶ Billy G. Smith, *"The Lower Sort": Philadelphia's Laboring People, 1750–1800* (Ithaca, NY, 1990), tables on 101, 110, 114, 116, 121.

²⁷ Sharon V. Salinger, "Artisans, Journeymen, and the Transformation of Labor in Late Eighteenth-Century Philadelphia," *William and Mary Quarterly*, 3rd ser., 40 (1983): 62–84.

Revolution.²⁸ Similarly, the freeing of most Philadelphia slaves—down from a population of 1,500 in 1767 to just over 500 in 1780 and 95 in 1800—meant that many African Americans joined the working poor, freeing their former masters from the requirement that they pay for their medical care.²⁹ The sort of ailments suffered by these mostly working, although sometimes unemployed, poor people meant they were too fit (and hence unfit) to be treated in a hospital. If unable to come to the dispensary, they could be treated in a place of residence, however humble.

The dispensary thus created a bond between the working poor and their employers or other people of means. The poor would call on the wealthy to serve as their patrons. To continue to receive care, patients had to return discharge forms to their patrons. The dispensary thus perpetuated a culture of social deference. Whether mutual good feeling prevailed between the classes is less clear: as Robert Gross has persuasively argued, deference is performative, a social ritual where people of different classes enact roles designed to preserve the social order whether they are happy about it or not.³⁰ In some measure, the dispensary retained or repaired the social ties fractured by the decline of apprenticeship and slavery.

The dispensary benefited the elite as well as the poor. Besides fulfilling a desire for and reputation of benevolence (lists of subscribers were published annually), for the payment of a small annual sum the dispensary provided medical care that it hoped would ensure a reasonably healthy workforce. One London pamphlet supporting the dispensary idea focused on the institutions' use in economically treating domestic servants, who "exert themselves so much in the discharge of their duty, as renders them liable to numerous ailments."³¹ In offering cheap health care, the dispensary may therefore be compared with the many hospitals established in Pennsylvania and elsewhere in the late nineteenth century by industrial employers or communities (frequently working together) that then

²⁸ For Irish immigration, see Maurice J. Bric, "Ireland, Irishmen, and the Broadening of the Late-Eighteenth-Century Philadelphia Polity" (PhD diss., Johns Hopkins University, 1991).

²⁹ Gary B. Nash and Jean R. Soderlund, *Freedom by Degrees: Emancipation and Its Aftermath in Pennsylvania* (New York, 1991), 5, 8, 137–66.

³⁰ Robert A. Gross, "The Impudent Historian: Challenging Deference in Early America," *Journal of American History* 85 (1998): 95–97.

³¹ John Coakley Lettsom, "Hints Designed to Promote the Establishment of a Dispensary, for Extending Medical Relief to the Poor at Their Own Habitation," in Lettsom, *Hints Designed to Promote Beneficence, Temperance, and Medical Science* (London, 1801), 185–89, reprinted in Rosenberg, *Caring for the Working Man*, 1–16.

received state and local support.³² Moreover, it enabled a supposedly virtuous elite to serve as the gatekeepers, selecting the “virtuous” poor who could receive health care outside the stigmatized environments of the hospital or almshouse.

Yet, ironically, it was the Federalists, who most identified themselves with this elite, who used the dispensary in a politically partisan and not very public-spirited manner at the height of the alien and sedition crisis. In 1798, the managers removed Dr. James Reynolds, a United Irishman, refugee, friend of Wolfe Tone, and about as radical a Jeffersonian Republican as could be found in Philadelphia. Federalist patrons demanded his ouster upon pain of withdrawing their support for the dispensary. Reynolds had been arrested on February 9, 1798, at a political rally after he pulled a pistol on an official who came to break it up and pushed him in the process. Reynolds’s bail was set at four thousand dollars, but he was acquitted by a jury supervised by Judge Thomas McKean (soon-to-be Republican governor of Pennsylvania). The other five doctors resigned in protest at Reynolds’s removal and were replaced by others acceptable to the Federalists.³³

Two of the doctors who quit over Reynolds’s removal, Adam Seybert and John Porter, later became Jeffersonian Republican congressmen from Philadelphia; a third, William Bache, grandson of Benjamin Franklin (and husband of Catherine Wistar), was a close friend of Jefferson, who appointed him collector of the Port of Philadelphia. Michael Leib, another former dispensary doctor and first president of the Democratic Society founded in 1793, was another Jeffersonian congressman. Jeffersonian physicians were successful in obtaining civic appreciation for their medical work. Here they differed from black ministers Absalom Jones and Richard Allen, who received much criticism for claiming equal citizenship based on their services during the 1793 yellow fever epidemic, when most members of the Federalist elite fled the city. In contrast to Federalist patrons who made the dispensary an instrument of the democratic politics they theoretically deplored, early national Philadelphians believed that physicians who volunteered their services to the poor exhibited the true “republican virtue” requisite for public office.³⁴

³² Rosemary Stevens, “Sweet Charity: State Aid to Hospitals in Pennsylvania, 1870–1910,” *Bulletin of the History of Medicine* 58 (1984): 287–314, 474–95.

³³ Managers’ Minutes, May 30, 1798, June 6, 1798, June 21, 1798; John C. Miller, *Crisis of Freedom: The Alien and Sedition Acts* (Boston, 1951), 39–42; James Morton Smith, *Freedom’s Fetters: The Alien and Sedition Laws and American Civil Liberties* (1956; Ithaca, NY, 1966), 279–81.

³⁴ *Biographical Dictionary of the United States Congress*, <http://bioguide.congress.gov>. For Bache see Jane Flaherty Wells, “Thomas Jefferson’s Neighbors: Hore Browse Trist of ‘Birdwood’ and

The Democratic Dispensary

Just as the American republic failed to establish a political order where a virtuous elite would guide an equally virtuous—that is, deferential—populace, the republican dispensary soon gave way to the democratic. In this instance, however, the elite itself willingly expanded the base of health care. Almost from the beginning, nearly anyone who was not fit to be placed in the almshouse or hospital could obtain a patron and obtain free medical care.

How many people did the dispensary care for? In the eight and a half months after it opened on April 12, 1786, it cared for 776 patients. The number varied between 1,200 and 1,900 annually from 1787 to 1793. While the board of managers did not meet while the yellow fever epidemic raged in 1793, it noted at the year's end that during "the late awful sickness, during which the business of the institution was completely, scrupulously, regularly performed, three of the Managers and numerous contributors were removed by death." The dispensary did not treat yellow fever victims, and the number of patients declined considerably during the epidemics. Because doctors believed the disease was transmitted by direct contact rather than by mosquitoes, doctors cared for victims in their homes or at an infirmary on Bush Hill established specifically for them. In fact, because the repeated occurrences of yellow fever reduced the population—especially of the poor who could not flee the city and of those who were sickly to begin with and may have been more susceptible to the disease—the number of dispensary patients declined to between 540 and 880 from 1794 to 1800 before climbing back to 1,312 in 1801. Between 1802 and 1808, 2,000 to 3,000 people sought the services of the dispensary annually, with over 3,000 patients doing so each year beginning in 1809. That number grew slowly until the 1830s, when between 4,000 and 5,000 people were seen each year. Patient numbers rose to over 10,000 annually by the late 1850s, about 15,000 from 1871 to 1876, 25,000 to 27,000 from the late 1870s to the mid-1890s, and between 30,000 and 35,000 each year from 1896 until 1916. The annual number of patients remained over 20,000 until the dispensary merged with the Philadelphia Hospital Out-Patient Clinic in 1922.³⁵

Dr. William Bache of 'Franklin,'" *Magazine of Albemarle County History* 47 (1989): 1–13. Thomas E. Will, "Liberalism, Republicanism, and Philadelphia's Black Elite in the Early Republic: The Social Thought of Absalom Jones and Richard Allen," *Pennsylvania History* 69 (2002): 558–76.

³⁵ Managers' Minutes, Jan. 1, 1794; figures for patients treated appear in the *Annual Report* and at the last (usually late December) Managers' Minutes for each year. For yellow fever, see J. H. Powell,

The dispensary records reported very few patients as “irregular”—that is, ineligible for further treatment because they failed to return thanks to their patrons, did not appear for required follow-up appointments, or (after some warnings) did not return vials filled with medicine after they were finished with them. Before 1836, the number of irregulars only once went (barely) over one hundred—or fewer than one out of forty—except in 1832 when over two hundred people failed to return to the dispensary following a cholera epidemic because of, the managers reported, “the sudden and lamented death by cholera of Dr. Maxwell Kenny—one of our most estimable and attentive physicians—some thought the Dispensary closed.”³⁶

Dispensary records list over 90 percent of patients as “cured” throughout its history. This success reflects the nature of the complaints. From the late 1780s until 1874, the most frequently treated ailments were throat problems, rheumatism, arthritis, and digestive problems, to judge by the few years (1786–1793,³⁷ part of 1803–1804,³⁸ and 1856–1874³⁹) in which

Bring Out Your Dead: The Great Plague of Yellow Fever in Philadelphia in 1793 (1949; Philadelphia, 1993), and J. Worth Estes and Billy G. Smith, eds., *A Melancholy Scene of Devastation: The Public Response to the 1793 Philadelphia Yellow Fever Epidemic* (Canton, MA, 1997).

³⁶ Managers’ Minutes, Dec. 26, 1832.

³⁷ From December 1786 to November 1787, 51 people were treated for catarrh, 77 for cholera, 30 for colic, 67 for diarrhea, 34 for dysentery, 47 for dyspepsia, 136 for different sorts of fevers, 39 for gonorrhoea, 23 for herpes, 41 for eye problems, 79 for pneumonia, 105 for rheumatism, 80 for syphilis, and 76 for ulcers. One hundred received smallpox inoculations. The doctors also set fractures (8), removed tumors (8), and lanced abscesses (3). Of all patients treated, 1,297 were cured, 69 died, 138 were relieved, 24 were irregular, 6 were sent to the hospital, and 120 were still under care as of December 1, 1787. *Transactions of the College of Physicians, of Philadelphia* (Philadelphia, 1793), 3–45.

³⁸ In an article published in 1805, dispensary doctor John Redman Coxe (1773–1864), who two years earlier introduced Philadelphia to cowpox vaccination—a much less dangerous procedure than inoculation with a dose of human smallpox, as previously used—reported the principal diseases from December 1803 to March 1804: catarrh 33 (32 cured); diarrhea 13 (11 cured); all 11 cases of gonorrhoea and 1 of herpes cured; 10 eye problems (9 cured); pneumonia (34; 26 cured; 1 died; 2 removed to hospital; 5 still under care); rheumatism (28; 24 cured, 4 relieved); syphilis (64; 59 cured, 1 relieved, 3 irregular, 1 under care); 18 vaccinations; and 18 ulcers (10 cured; 1 irregular, 5 under care). Of 512 patients seen over four months, 355 were cured, 120 were still under care, 14 died, 8 were relieved, 10 were removed to the hospital, and 5 (3 with syphilis) were irregular. “A Table: Of the Diseases in the Philadelphia Dispensary, for Four Months,” *Philadelphia Medical Museum, Conducted by John Redman Coxe, M.D.* (Jan. 1805): 91–92. For adoption of cowpox vaccination, see Managers’ Minutes, Apr. 25, 1803.

³⁹ Of about 6,100 patients treated in 1856 (an average of two visits per patient), the leading health problems were rheumatism (411), catarrh (383), bronchitis (953), diarrhea (343), and constipation (221). There were 63 cases of syphilis, and, in addition to the 6,100 general medical patients, about 4,000 people had teeth pulled, vision problems, or came for obstetric purposes. In 1866, with slightly different classifications and about 9,000 cases, the leading complaints were rheumatism (674), asthma (353), stomach problems (1,664), intestinal problems (1,064), and throat problems such as sore throats (2,021). *Annual Report*, 1856, 1866.

aggregate statistics were published. The overwhelming percentage of the dispensary's work was to dispense prescriptions. Most ailments were handled with liniments, ointments, pills, or liquid medicines, although the heroic remedies favored by Dr. Rush—enemas, bleeding, encouraging vomiting—were much in evidence in the early days.⁴⁰

To judge by the few deaths and patient or manager complaints, the dispensary's care was very good by the standards of the time. Those few complaints include a rebuke of apothecary William Foster, who left without giving notice in 1791. The same year, a young doctor, Benjamin Smith Barton, who later became a famous naturalist, was criticized for not writing all of his prescriptions, but the board found he was not culpable, for "very few passed without his inspection, and even such they are found chiefly written by a student of medicine graduated with reputation from the University of Pennsylvania." In 1792, the managers warned Barton to be "strictly attentive to the discharge of his duty as a dispensary physician, for they conceive that a neglect of patients recommended to the dispensary will be injurious, not only to the character of the attendant physician, but also to that of the Managers, and the interests and utility of the institution." Bishop White, famous for his gentle manner, was entrusted to convey the news to Barton, about whom there were no further complaints. The next complaint about medical care came thirty-seven years later, in 1829, when three doctors accused the "leecher" of hiring "ignorant persons" who sometimes postponed bleeding by one or two days and failed to drain half as much blood as required to do his job for him. The leecher was replaced.⁴¹

In 1831, the managers investigated why so few cases of childbirth were brought to the dispensary and concluded that the doctors were not interested in obstetrical care and left expectant women to any medical student who was available, which led the public to believe that the dispensary did not handle deliveries. To counter this perception, managers decided to advertise that "married" women would be welcome at the dispensaries (there were three by this time) for their lying-in. It was not only the misperception that kept women away, however. Benjamin Rush had noted four decades earlier that "female delicacy and the secrecy that is enjoined by the gospel in acts of charity" made women reluctant to go to the dis-

⁴⁰ See generally John Duffy, *From Humors to Medical Science: A History of American Medicine*, 2nd ed. (Urbana, IL, 1993), chaps. 2–6.

⁴¹ Managers' Minutes, Apr. 7, 1791, Aug. 20, 1791, Aug. 26, 1791, Aug. 21, 1792, Aug. 25, 1792, June 16, 1829.

dispensary for gynecological care. Communities of women and professional midwives were the recourse of many women well into the twentieth century.⁴²

A disproportional amount of the dispensary's health care was used by black Philadelphians. During its earliest years, African Americans could, at the very least, obtain patrons from the subscribers who were abolitionists, such as Benjamin Rush, Dr. Samuel Powel Griffiths, and the pseudonymous Anthony Benezet, not to mention the aged Franklin, who became president of the Pennsylvania Abolition Society in 1787. By the early 1820s, most of the dispensary's clients were black. Yet this fact was not advertised or mentioned in the annual reports, perhaps because it might have discouraged contributions. On July 7, 1821, the dispensary managers responded to a request from Roberts Vaux, president of the Commission to Inquire into the Causes and Extent of Pauperism and a manager himself. They noted that from Philadelphia north of Chestnut Street, three-fourths of the patients were white and one-fourth "people of color," whereas in the southern part of the city four-fifths of the patients were people of color.⁴³ While it is impossible to know exactly how many African Americans were treated by the dispensary at this time, it is clear that they visited the dispensary far more often, proportionally, than did whites. According to the 1820 federal census, the population of Philadelphia consisted of about 7,600 blacks and 56,000 whites. While African Americans were heavily concentrated in the southern part of the city (below Chestnut), which had a population of about 39,000 as opposed to 24,000 north of that street, they still comprised less than 20 percent of that area's residents, yet they received 80 percent of the free health care there.⁴⁴

Whether black or white, people seeking medical care could have found patrons easily. The 1815 *Annual Report* lists Richard Allen (for the African Methodist Episcopal Bethel Church) and the Friendly Society of

⁴² Managers' Minutes, Dec. 21, 1831; Benjamin Rush to Jeremy Belknap, July 15, 1788, Butterfield, *Letters*, 1:477-78; Judith Walzer Leavitt, *Brought to Bed: Childbearing in America, 1750 to 1950* (New York, 1986). Births at home assisted by local women were especially preferred by lower-class and immigrant women who were the dispensary's principal clients.

⁴³ Managers' Minutes, July 7, 1821.

⁴⁴ W. E. B. Du Bois, *The Philadelphia Negro: A Social Study* (Philadelphia, 1899), 47-48, is the source for population statistics (derived from the US Census) in this and the next paragraphs, which I have rounded. For the ward breakdown, see "Comparative Views of the Population of the City and County of Philadelphia," *Hazard's Register of Pennsylvania*, July 30, 1832, 66-67. Du Bois notes that there were about 20,000 African Americans and 200,000 whites in the city and county of Philadelphia combined.

St. Thomas Church (the black Episcopal church)—representing the two principal black congregations in Philadelphia—as subscribers. In 1829, the managers also reported that “in addition to the number of Negroes who have partaken of the benefits of this charity, the Shelter for Colored Orphans, a benevolent institution of the city, has for several years past been furnished from this source”; that is, it received free medicines from the dispensary.⁴⁵ The poor of other ethnic groups could have appealed to their benevolent societies, which also belonged to the dispensary: the Jewish Society of Hebra Biken Choden and Gemilut Hasadim, the German Incorporated Society, the German Mutual Assistance Society, the Friendly Society of St. Tammany (for the Irish), or the Scots Thistle Society. The Grand (Masonic) Lodge of Pennsylvania was also a member. Of the 238 members by 1815, 8 were associations (and only 14 were women).

As time went on, the proportion of black patients declined, as did the percentage of Philadelphia’s black population, which fell from about 6 percent (20,000 individuals) in 1850; to just short of 4 percent (22,000 individuals) in 1860; to just over 3 percent (about 22,000 individuals) in 1870; and just short of 4 percent (about 31,000 individuals) in 1880. In 1856, however, the first year precise statistics became available from the dispensary, 291 “colored” patients were treated along with 5,787 whites (for a total of 10,747 visits), which placed their number between 4 and 5 percent of the dispensary’s patients, or slightly *less* than their proportion of the population. Irish patients, following a period of great immigration, dominated: only 1,980 “Americans” used the dispensary in 1856 compared to 3,649 Irish, with people of English (371), German (99), and other nationalities (53) following far behind. By 1866, however, the number of African Americans treated had risen sharply and was now more than double their percentage of the population. Of 18,346 visits (again, about 2 visits per patient) about 8 percent (or about 1,500 visits) were by “colored” patients. As more Irish either assimilated to or had children in the United States, they used the dispensary less often. In 1866 about 45 percent of dispensary patients were Irish, while 48 percent were “American” and 7 percent were members of other white ethnic groups. By 1876, the percentage of black visitors was about 9 percent (of 19,110 visits) or 1,500 cases, again more than double their proportion of the population. Fifty-four percent of patients were “American,” 36 percent Irish,

⁴⁵ *Annual Report*, 1815; Managers’ Minutes, Aug. 19, 1829.

and 10 percent other nationalities. In 1879, the last year for which racial percentages were recorded, nearly 14 percent of 21,343 total visits (about 2,800 visits or 1,400 patients) were by African Americans—over three times their percentage of the population—with 64 percent of visitors “American,” 28 percent Irish, and 8 percent other. Much of this increase can be accounted for by what scholar W. E. B. Du Bois termed “the influx of 1876,” although large-scale migration of African Americans to the city began in the early 1870s. Several thousand southern freedmen moved to Philadelphia, fleeing the consequences of the depression of 1873 as well as oppression by whites as Reconstruction came to an end and southern Democrats terrorized black Republican voters.⁴⁶

Yet despite the increase in clients and high treatment success rate, within a few years of its founding the number of Philadelphians choosing to support the dispensary drastically declined. In 1802, the managers requested funds not only for the dispensary’s operation but for a permanent, larger building as the demand for services increased in tandem with the city’s population. But the annual report counted only 187 subscribers, less than half the number in 1786, although the city’s population had nearly doubled. The number of women subscribers decreased to 9. As society became more democratic and inclusive for white men, as the Age of Federalism gave way to Jeffersonian Democracy, women’s role in the public sphere declined. Just 3 women—one of them Elizabeth Powel, widow of Samuel, one of the city’s wealthiest men—were among the 167 people who contributed to the new building.⁴⁷

Perhaps by the early nineteenth century, Philadelphia’s wealthy had become less willing to support an institution that catered so much to African Americans. After the 1780s, when the city was the center of American abolitionism, white racism grew in Philadelphia. Though no ban was placed on black voting in the state constitution of 1790, even a wealthy black man such as James Forten could not vote because of public sentiment, and in 1838 the new Pennsylvania constitution stripped him

⁴⁶ Philadelphia Dispensary *Annual Reports* for the years indicated; Du Bois, *Philadelphia Negro*, 39–45, 305.

⁴⁷ See the discussion of Anne Willing Bingham in Robert C. Alberts, *The Golden Voyage: The Life and Times of William Bingham: 1752–1804* (Boston, 1969), and Sarah Fatherly, *Gentlewomen and Learned Ladies: Women and Elite Formation in Eighteenth-Century Philadelphia* (Bethlehem, PA, 2008) for the Republican court and Federalist women; Susan Branson, *These Fiery Frenchified Dames: Women and Political Culture in Early National Philadelphia* (Philadelphia, 2001) for political activity by women supporting the French Revolution; Rosemarie Zagari, *Revolutionary Backlash: Women and Politics in the Early American Republic* (Philadelphia, 2007), chap. 5.

of that legal right.⁴⁸ Protestant dislike of Roman Catholics and the Irish, who succeeded African Americans as the principal beneficiaries of the dispensary, might have also contributed to the decrease in subscribers. “Hamilton,” writing in Samuel Hazard’s *Register of Pennsylvania* for 1829, rebuked the inhabitants of Philadelphia for their stinginess:

In a wealthy city with a population of probably 130,000 people, embracing a large portion of the poorer classes of society, it might be reasonably supposed, that there would be at least a thousand contributors. . . . [But] the whole number of paying subscribers to the three dispensaries, is only about *one hundred and eighty!*⁴⁹

The large number of black and Irish patients may have been the principal reason for the decline of subscriptions. As scholar David Rosner has pointed out: “Whereas early in the [nineteenth] century the majority of the poor were native-born and English-speaking and considered ‘worthy’ of local help and charitable aid, by the end of the period the growing number of poor were perceived to be ‘alien’ intruders who were potential abusers of benevolence and charity.”⁵⁰ Things only became slightly better when hard times increased the need for the dispensary’s services. Secretary Thomas Wistar noted the sharp increase in patients in the mid-1870s as a result of the economic depression that began in 1873.

[It] furnishes another painful evidence of the stringency of the times, which has thrown those additional thousands of the working class of poor people upon charitable aid, whose industry, so long as they could find work, was equal to their self-respect, and whose laudable ambition to be independent had kept them, perhaps, too long, from seeking the assistance needed. With small exception such is the class to which we minister and to this class only in the hour of illness and distress.

Could Wistar have been trying to hide the fact that black patients accounted for much of the increase, especially by using the words “too

⁴⁸ For voting, see Julie Winch, *A Gentleman of Color: The Life of James Forten* (New York, 2002), 294; for the loss of the franchise, see Eric Ledell Smith, “The End of Black Voting Rights in Pennsylvania: African Americans and the Constitutional Convention of 1837–1838,” *Pennsylvania History* 65 (1998): 279–99. For the Irish, see Dennis Clark, *The Irish in Philadelphia: Ten Generations of Urban Experience* (1973; Philadelphia, 1981), chaps. 3–4.

⁴⁹ “Public Charities,” *Register of Pennsylvania*, Jan. 24, 1829.

⁵⁰ Rosner, “Health Care for the ‘Truly Needy,’” 368.

long” to mask that many recipients of charity were recent arrivals in the city? In any event, subscriptions to the dispensary rose during the 1870s, although the number of contributors was still pitifully small in a city of a half million or more people; life members numbered eight in 1861, fifteen in 1874, and thirty-seven in 1876, with total subscribers fewer than two hundred.⁵¹

Nevertheless, the fact that African Americans and Irish immigrants, the targets of the harshest ethnic prejudice in nineteenth-century Philadelphia, could at different times be the principal recipients of care at the dispensary, even when it had few patrons, suggests that anyone who was not obnoxious to the patrons or the doctors could be treated. As early as January 9, 1789, the managers had four thousand blank forms of recommendation printed, more than the number of patients the dispensary saw in any two years in its first decade. The forms were kept at the dispensary where the poor as well as patrons could obtain them: poor people needing a doctor could locate a patron, as lists of subscribers were published. Thus, those treated at the dispensary were not necessarily previously known by their sponsors.⁵²

By 1832, in addition to those sent by contributors, anyone “making a proper appeal” to the dispensary would be treated, according to the annual report. A vote at the managers’ meeting on February 20, 1855, simplified the requirement to “all those eligible.” The declining numbers of patrons—there were only about sixty annually between 1845 and 1870—and increasing number of cases in this period—from about five thousand to over fifteen thousand per year—suggest open access for the poor, or something approaching it, as the handful of members sending two patients at a time could not have accounted for this number.⁵³ The first detailed description of the dispensary, dating from 1856, also shows that with or without sponsors, all sorts of people received treatment both within and outside the dispensary:

Many who obtained relief from the Dispensary belonged to the respectable working classes. Such, while in the enjoyment of health, may well provide for themselves and their families, but when protracted sickness comes upon them they are often left without the means of subsis-

⁵¹ Wistar is quoted in the *Annual Report* for 1878, 10–11; other figures from *Annual Report* for years noted.

⁵² Managers’ Minutes, Jan. 9, 1789.

⁵³ *Annual Report*, 1832; Managers’ Minutes, Feb. 20, 1855.

tence, and are totally unable to pay for the services of a doctor. But a large number were of a much more forlorn and suffering class, enduring, in addition to the miseries of disease and pain, all the calamities of the most abject poverty.

Our physicians have often found their patients in cold and cheerless rooms, without suitable food or sufficient clothing, sometimes with nothing better than the floor to lie upon, with no one to perform the commonest offices, or even so much as hand a cup of water to the sufferer.

To ascertain the character of applications for relief, one need but attend at the Dispensary a single day at the prescribing hour. He will find a very mixed company of people, of many nations, both sexes, all ages, and a great variety of conditions, all waiting to be relieved of their various maladies. Let him observe, the consumptive, his pale and emaciated countenance, his faltering step and his feverish hand. He appeals to the doctor to do something for him. Here is a woman with an infant. It is no wonder the child is pale and sickly, for the mother is sick. Her husband is a drunken wretch, and she has three children at home, and can scarcely get bread for them to eat. There is a young man with a fractured arm; and here a woman just coming forward to have an ulcer dressed; but is interrupted by a boy, who says that his mother is at the point of death, and urges the doctor to come immediately.

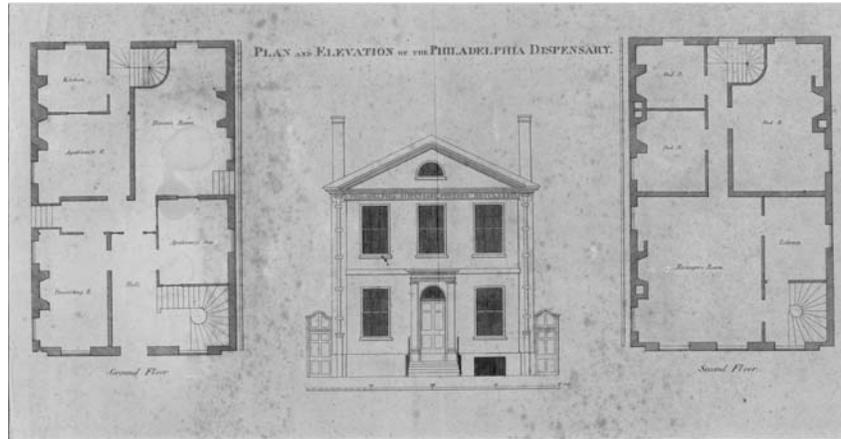
This is no exaggerated picture. It presents but a small portion of the scene at the prescribing hour. . . .

But the relief afforded has not been medicinal only. . . . The sick require proper nourishment as well as medicine. Sago, oatmeal, crackers and other articles of food, suitable for the sick, have been placed at the disposal of the physicians, and thus in a two-fold character have they alleviated the sufferings of many, and brought upon themselves the blessings of those who were ready to perish.⁵⁴

Fortunately for the poor, the dispensary did not need many subscribers by the 1830s: large gifts from individuals and prudent investments provided most of its funding. In 1829, the wealthy Pennsylvania German merchant Frederick Kohne, who left \$583,000 to various charities, included \$10,000 as a bequest to the dispensary.⁵⁵ Andrew Doz had left a legacy of £2,000 in 1789. In 1803, John Blakeley paid the institution's outstanding debt of £2,6667.67, and John Keble contributed more than \$7,000 in 1808 to do likewise.. Dr. Gabriel Jones of Virginia bequeathed

⁵⁴ "Report of the Committee on the Dispensary," *Friends' Intelligencer*, July 7, 1855, 250–51.

⁵⁵ "Liberal Bequests: Extract of a Letter from Lebanon, Pennsylvania, Dated June 7, 1829," *Register of Pennsylvania*, June 13, 1829.



Plan and Elevation of the Philadelphia Dispensary

\$400 in 1804. In 1801 and 1802, £2,430 was raised for a permanent building on Independence Square to replace a rented space. It was made of brick with a white marble first floor, white stone walls, white marble steps, and white oak and pine floors. Public funds from the Guardians of the Poor and the Managers of the House of Employment became available in 1808 when they began to send patients to the dispensary rather than treat them within their institutions. In 1816, new dispensaries were added in Northern Liberties and Southwark to deal with the city's increasing population. By 1810, the managers could report they were "entirely free of debt despite a large and unexpected increase in the number of patients." In 1812 they began to buy stock with their endowment and receive dividends; by 1819 they could report that the dispensary could carry on "with comparative ease and satisfaction."⁵⁶

The Gilded Age Dispensary

The original Philadelphia Dispensary was such a success that dispensaries were added as the city's population grew from fifty thousand in 1800 to over a million and a half in 1900. The first new dispensaries were begun with loans from the original dispensary, which sought to alleviate its increasing patient load. The Northern (for the Northern Liberties) and

⁵⁶ Managers' Minutes, Sept. 2, 1789, Feb. 1, 1801, Dec. 12, 1802, Apr. 25, 1803, June 18, 1804, July 18, 1808, June 25, 1816, Dec. 28, 1819; *Annual Report*, 1810, 1812. See "Good Government" *Niles' Weekly Register*, July 9, 1814, 316 for conversion rate. One pound was worth four dollars.

Southern (for Southwark) Dispensaries opened in 1816. Joining them were the Lying-In Charity (1828) for obstetrics and Wills' Eye Hospital (1832) for vision problems. New dispensaries meant that by the late nineteenth century, the mother institution assumed less and less proportional responsibility for the care of poor Philadelphians, even though by the 1850s it operated six offices under its aegis.⁵⁷ As Francis Sinkler wrote in 1909, "much of the work which would formerly have been left to the Philadelphia Dispensary has been diverted to others. . . . In the 122 years of its existence the dispensary has gone about its work so quietly and unostentatiously that few outside of the poor know of its existence."⁵⁸ Because it performed routine care, the dispensary could not obtain the "international reputation for its clinical teaching and research" that Charles Rosenberg has ascribed to Philadelphia General Hospital (the former almshouse). Nor could it match the accomplishments of the Pennsylvania Hospital, which included the world's first stomach pump and cataract surgery invented by Philip Syng Physick and the more humane treatment of the insane developed by Thomas Story Kirkbride.⁵⁹ Many of the newer dispensaries were connected to hospitals—the Hahneman Medical College and Hospital (1846) for homeopathic medicine, St. Joseph's Hospital (1849), established by the Roman Catholic Church, the Hospital of the Protestant Episcopal Church (1851), the Howard Hospital and Infirmary for Incurables (1854), the German Hospital of Philadelphia (1860), the Germantown Dispensary and Hospital (1864), the Jewish Hospital Association (1865), the Presbyterian Hospital and Samaritan Hospital (both 1871), the Polyclinic Hospital (1873), the Hospital of the University of Pennsylvania (1874), and the Jefferson Medical College Hospital (1877). By 1900, there were over twenty additional dispensaries, including the Philadelphia Eye and Ear Infirmary, founded in 1887 and largely supported by Dr. George Strawbridge, and the Union Missionary Dispensary, founded in 1888 by John B. Stetson primarily for the workers in his hat factory. Most of these were supported entirely by private donations or payments by patients who could afford it, but fifteen, or nearly half, received some state or city aid.⁶⁰

⁵⁷ The six offices were noted on the inside cover of the *Annual Report* beginning in 1854.

⁵⁸ Sinkler, "Philadelphia Dispensary," 750.

⁵⁹ Rosenberg, "From Almshouse to Hospital," 108.

⁶⁰ Shoemaker and Millis, eds., *Founders' Week Memorial Volume*, 593–853. For state funding and private governance see Stevens, "Sweet Charity."

By the late nineteenth century, hospitals and the dispensaries attached to them began to take over the medical care of the general population. Morris Vogel attributes this to increasingly expensive equipment (such as oxygen and anesthesia) that could not conveniently be transported to people's houses, middle-class houses that became smaller and unsuited for operating, and an increase in the number of bachelors who lacked lodging suitable for medical care.⁶¹ Nevertheless, in 1909, a survey of Philadelphia medical institutions recorded about 370,000 visits per year to various free dispensaries, with each patient who came visiting an average of three times. Out of a population of about 1,550,000 in 1910, about 8 percent of all Philadelphians received free health care, although more were undoubtedly eligible, as not everyone who was eligible required or sought it. These figures are consistent, given the respective sizes of their populations, with those of New York City dispensaries, which treated just short of a million cases (or about 330,000 people at three visits per person) when that city's population was about 4,750,000.⁶²

The dispensaries' success is evidenced by the fact that Progressive reformers did not attack the medical care they provided. Reformers did criticize the lack of sanitation, contaminated food, and pollution of American cities, but not the quantity, quality, or price of medical care available to poor Americans, which improved greatly during this period, since the modern hospital and medical advances went hand in hand.⁶³

⁶¹ Morris J. Vogel, "The Transformation of the American Hospital, 1850–1920," in *Health Care in America: Essays in Social History*, ed. Susan Reverby and David Rosner (Philadelphia, 1979), 110–13. For specific examples, see Vogel, *The Invention of the Modern Hospital: Boston, 1870–1930* (Chicago, 1980), and David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885–1915* (Cambridge, 1982). Also see Rosenberg, *Care of Strangers*, for a general treatment.

⁶² For number of visits per patient, see William H. Mahoney, "Benevolent Hospitals in Metropolitan Boston," *Publications of the American Statistical Association* 13 (1913): 442. The Philadelphia Dispensary averaged 2.5 visits per patient, with other dispensaries averaging between 3 and 4 and the Hospital of the University of Pennsylvania dispensary seeing patients an average of 5.9 times, suggesting it was treating the more serious diseases at this time. For New York, see S. S. Goldwater, "Dispensary Ideals: With a Plan for Dispensary Reform Based upon the Adoption of the Principle of Restricted Numbers," *American Journal of the Medical Sciences* 134 (1907), reprinted in Rosenberg, *Caring for the Working Man*, 254.

⁶³ Robert H. Weibe, *The Search for Order, 1877–1920* (New York, 1967), 113–16, argues persuasively that doctors became heroes for their efforts in promoting public health, lowering infant mortality by two-thirds during this period, and developing cures for contagious diseases. For the entrance of universal health care into the debate, see Alan Derickson, *Health Security for All: Dreams of Universal Health Care in America* (Baltimore, 2005). John Duffy, "Social Impact of Disease in the Late Nineteenth Century," *Bulletin of the New York Academy of Medicine* 47 (1971): 797–811, emphasizes the great private, philanthropic efforts to improve health care while Gretchen

Only in 1912 did Theodore Roosevelt become the first prominent politician to suggest a plan for government health insurance for the impoverished, which was endorsed by the Pennsylvania State Medical Society in 1916 and the American Medical Association in 1917. These organizations quickly changed their stance when they realized that their members would lose money if doctors in private practice had to compete with the great increase in doctors who would be hired by insurance companies if the insurance went through. Beginning in 1911 and especially during World War I, some states required employers to cover workers' injuries, and doctors were not pleased at the decline in their private practices.⁶⁴

Like Standard Oil and US Steel, dispensaries and hospitals were too successful for their own good. Their critics, led by doctors who were not attached to them, considered them quasi-monopolies that depressed the salaries of independent practitioners. Ronald Numbers notes that as late as the 1920s, doctors in the United States earned on average less than two thousand dollars a year, less than bankers, manufacturers, and lawyers, although about twice as much as college professors.⁶⁵ Doctors had complained about this in England since the first hospitals were established in the eighteenth century,⁶⁶ but in Philadelphia, as elsewhere in the United States, it seems such criticisms only arose in the late nineteenth century. The fact that urban health care was so easy to come by led doctors not associated with well-funded dispensaries to complain that dispensaries encouraged people to abuse health care and become "pauperized"—contented yet undeserving objects of charity. The word "pauperize," which appeared in many of the criticisms of the dispensary, was a projection of independent doctors' fear that they, too, were on the verge of poverty. As early as 1871, Horatio C. Wood, in "The Abuse of Medical Charities," argued that "at least one-fourth of the persons thus applying

A. Condran, Henry Williams, and Rose A. Cheney, "The Decline of Mortality in Philadelphia from 1870 to 1930: The Role of Municipal Services," *Pennsylvania Magazine of History and Biography* 108 (1984): 153–77, stresses the critical role of the Philadelphia Department of Public Health in improving the supply of water and milk, especially to infants. Both reprinted in part in Leavitt and Numbers, *Sickness and Health in America*.

⁶⁴ Arguments for universal health insurance and reasons for its failure in the early twentieth century are discussed in Beatrix Hoffman, *The Wages of Sickness: The Politics of Health Insurance in Progressive America* (Chapel Hill, NC, 2001), and Ronald L. Numbers, *Almost Persuaded: American Physicians and Compulsory Health Insurance, 1912–1920* (Baltimore, 1978).

⁶⁵ Ronald L. Numbers, "The Fall and Rise of the American Medical Profession," in Leavitt and Numbers, *Sickness and Health in America*, 231.

⁶⁶ Langford, *Polite and Commercial People*, 138–39.

for relief are amply able to pay for advice as well as medicine.”⁶⁷

In 1909, Dr. M. O. Magid made the same point: “The present system of admission, especially in the dispensaries, is the cause of a great deal of abuse, and as a result, medical charity . . . is really a system of ‘cheap doctoring,’ with a tendency to pauperizing the recipients”:

No doubt all of you have seen the waiting room of the dispensaries filled with crowds of persons, who, although suffering only from slight ailments, that could be relieved by some home remedies, prefer, because of the cheapness of admission, to have a doctor look them over. Here they receive their prescription for a laxative or a liniment and their medicine besides,—all for ten cents. Why should they not go to the dispensary? The crowding however causes needless waiting and increases the discomfort and pain of those who are actually suffering from severe ailments. The real harm from indiscriminate admission to dispensaries is not that a few mendacious, mean-spirited rich imposters slip in and get free treatment, but that the whole wage-earning class,—including mechanics, salesmen, stenographers, clerks, bookkeepers, dressmakers, etc., nearly all of whom could afford to pay the physician privately—is gradually being taught that medical attendance is something that they should receive for nothing and that there is no disgrace when they pauperize themselves by begging for it.⁶⁸

In addition to lessening the self-respect of worthy citizens and encouraging them to become public charges, Magid lamented that the attending doctor was forced to become “the servant of such miserable societies, which position the doctor is compelled to occupy through his dire need,” as he could not otherwise find employment. Large health corporations, like large business corporations, stifled individual enterprise and reduced the earnings of skilled workers—in this case, physicians—whom they reduced to the status of employees. It was thus logical that some doctors—like lawyers and academics, who found that the modern law firm and university stifled rather than facilitated their careers—would join the movement for Progressive reform. Magid also criticized those unthinking

⁶⁷ Horatio Wood, “Editorial: The Abuse of Medical Charities,” *Medical Times and Register* 1 (1871): 438. For the two principal complaints about dispensaries—that they rewarded a few doctors at the expense of many and that they offered free health care to those who could afford it—see, for example, M. P. Hatfield and Roswell Park, “The Abuses of Medical Charities,” *Chicago Medical Gazette*, Mar. 5, 1880; Frederick Holme Wiggin, “The Abuse of Medical Charity,” *Medical News*, Oct. 23, 1897; and George W. Gay, “Abuse of Medical Charity,” *Boston Medical and Surgical Journal*, Mar. 16, 1905, all reprinted in Rosenberg, *Caring for the Working Man*.

⁶⁸ M. O. Magid, “The Abuse of Medical Charity and a Remedy,” *American Medicine* 15 (1909): 16.

do-gooders who volunteered at dispensaries and hospitals: those “who work in them in various capacities, giving their valuable time and effort without compensation.” Good doctors were squeezed in a medical marketplace distorted on the one hand by overpaid physicians and on the other by those who worked without pay.⁶⁹

S. M. Lindsay, writing in 1896, blamed the proliferation of dispensaries on the comparable surplus of medical schools seeking patients to provide experience for their young practitioners. “The competition of rival medical schools, the growth in numbers of specialists in medicine and surgery, the increased number of medical students who desire practical training and experience, . . . have caused the dispensaries to seek for patients.” As a result, “many persons now able to pay are urged to go to the free dispensary,” which Lindsay termed an “abuse” that made the dispensary “a pauperizing agency.” Lindsay’s suggestion for reform, in keeping with the Progressive Era penchant for economy and efficiency, was more stringent regulation of the practice of medicine. But “however gross the abuses,” even he maintained “the free medical dispensary . . . [was] an absolutely necessary requirement of modern philanthropy; the thought of abolishing it altogether [could not] be entertained for one moment.”⁷⁰

The Philadelphia Dispensary was not abolished: it merged with the Out-Patient Clinic of the Pennsylvania Hospital in 1922. By this date, dispensaries were working with hospitals, visiting nurses, and social workers to allocate care based on the nature of the ailment, asking: was the space and equipment of a hospital required, when was a doctor needed, and when could a nurse or social worker perform follow-up care? Nurses and social workers were undertaking preventive care as well, advising their clients at home, in dispensaries and clinics, and in settlement houses that some ailments could be cured or forestalled by changes in diet, improved sanitation, or psychological counseling. While paying patients in public hospitals had better accommodations than those in charity wards, they were treated in the same institution. However, these charity wards—along with charity hospitals—encountered the stigma that had become attached to people unable to pay for their own care.⁷¹

⁶⁹ Ibid., 16–17.

⁷⁰ S. M. Lindsay, *Civic Club Digest of the Educational and Charitable Institutions and Societies in Philadelphia* (Philadelphia, 1895), cxi–cxv.

⁷¹ Richard C. Cabot, “Suggestions for the Reorganization of Hospital Out-Patient Departments, with Special Reference to the Improvement of Treatment,” *Maryland Medical Journal* (Mar. 1907): 81–91, reprinted in Rosenberg, *Caring for the Working Man*, 273–84.

Conclusion

In his ground-breaking article on the history of dispensaries in the United States, Charles Rosenberg rightly pointed out that the institution served America well throughout much of its history. In Philadelphia, at least, dispensaries provided free basic care to the poor for little money, satisfying the public penchant for frugality and efficiency along with charity.⁷² In some ways, they were comparable to the free clinics found throughout Mexico today, where many young doctors provide the free year of social service required of all college graduates. Defenders of the dispensary often emphasized how much health care could be delivered for little money: in 1921, its final year as an independent entity, the Philadelphia Dispensary treated 21,735 patients for \$11,770—a little over fifty cents each.⁷³ The expensive tests and machines that are only available in hospitals, along with drugs that require costly research are, in general, relatively new phenomena.⁷⁴ The nature of modern medicine has made it impossible for the dispensary's principal features to be resurrected: free services donated by doctors who did not have to pay for space, equipment, staff, and malpractice insurance. But for over half of our nation's history, the dispensary was able to provide effective, and in tandem with the hospital, universal, free health care for the poor of America's rapidly growing cities.

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⁷² Rosenberg, *Care of Strangers*; Samuel P. Hays, *The Response to Industrialism, 1885–1914*, 2nd ed. (Chicago, 1995), esp. 197–98.

⁷³ *Annual Report*, 1921.

⁷⁴ Stanley Joel Reiser, *Medicine and the Reign of Technology* (1978; Cambridge, 1981).