THE WORK OF THE METROPOLITAN PROVIDENT MEDICAL ASSOCIATION.

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THE Metropolitan Provident Medical Association was founded for the purpose of relieving hospital abuse by means of the formation of provident dispensaries throughout the metropolis. It may be useful to inquire to what extent they have hitherto succeeded in their endeavours, and the following account deals with their work at a representative branch.

VITAL STATISTICS OF THE TOTTENHAM BRANCH.

The Tottenham Branch—one of the largest of the Association—has been in existence about ten years. During the past three years I have kept accurate notes of all the cases under my care, and as the amount of work is considerable we may fairly assume that the following results represent the average working of such a provident institution. They refer, of course, only to my own patients—a fifth of the total number—and do not include those of other members of the staff.

The number of members that have been under treatment in the three years has been 510.

210 have been members for the whole of the 3 years, or 41.18 per cent.

96 " " 2 years, " or 18.81 " "

204 " " 1 year, " or 40.00 " "

35 left the Association after 2 years' membership, and 50 after 1 year's membership—a total of 125; 114 have joined only this year.

We find, therefore, that 15.78 per cent. leave the Association annually; and if these figures were spread over a longer period of years we should expect to have an average membership for each person of six years and a-half. Even without going into other figures we cannot help suspecting from this that members join for occasional needs and not for a permanent insurance.

We will now see how this membership is made up, and who the people are who specially avail themselves of this form of insurance. The membership falls naturally into two divisions—adults and non-adults—and we find that 254, or roughly one half, consists of adults over 18 years of age, and the other half, or 256, of children and young persons under 18.

If we examine more closely into the number of children at various ages, we find that babies are very readily entered as members by their parents, but that with each successive year they show a greater tendency to fall out of the ranks of the Association. So as to obtain exact figures, I have counted the number of members in each year at their then respective ages, and have taken the average:

The annual average membership of children under 1 year is 33
" " 2 years is 25½
" " 3 " " 22½
" " 4 " " 17
" " 5 " " 16
" " betw. 5 & 9 " 28
But or the age of 10 to 19 it is only ... 34½

Table 1.

It thus appears that there are as many children under 1 year of age in the Association as there are boys and girls for the ten years 10 to 19, and of the total non-adult members, considerably more than half are under the age of 4.

Part of this sudden drop can be accounted for by the boys becoming members of juvenile friendly societies. Thus, of the 27 members between 11 and 17, only 4 were boys, whilst in the earlier years the proportion of males to females was normal. But this is not sufficient to account for it, and we must conclude that children leave the Association as they grow beyond the age at which medical attendance is oftenest called for. It very often happens that parents will leave one or two children as members, and will cease paying for those who are less liable to illness; this also results in a selection of younger and weaker members.

If we now deal with the adult membership, we find a sudden and remarkable increase of members after the age of 20. This increase consists chiefly of young married women. Indeed, of the 254 adults, only 40 are males, 30 are single women, 21 are widows, and the remaining 193 are married women. Of these 163, all but 34 are under the age of 40, so that of the total adult membership, 50.78 per cent. are married women between 20 and 40; that is to say, at the time of life when the duties and strains of maternity weigh most heavily upon them.

Table 2.

In tabular form the effect of this increase in the number of married women on the membership becomes very apparent, and one can also note a decrease after the age of 40, when the troubles of childbearing are pretty well over.

Periods of Ten Years.	Average Membership.	Per-centage.	Single Women and Widows.	Males only.
0-9 years ...	143½	42.03	—	—
10-19 " ...	34½	10.16	—	—
20-29 " ...	68½	20.13	13½	10½
30-39 " ...	40½	11.92	1	5
40-49 " ...	20	5.86	1½	1½
50-59 " ...	16½	4.85	1½	5
60 and upwards ...	17½	5.08	6½	3
	341	100.03		

These figures are sufficiently curious, and I will only add that 56.89 of the total membership consists solely of children under 5 years and their mothers between the ages of 20 and 40. All the rest of the population—boys, girls, young adults, men, spinsters, widows, and the aged—are included in the percentage 43.11.

We find, therefore, that by far the most important duties of the Provident Association are to look after mother and offspring; to treat the numerous troubles incidental to childbearing and the diseases and ailments which are so common in the first years of life. Incidentally it may be interesting

to observe that the fecundity of the married women is unusually high. Farr gives the number of children born to 100 married women between the ages of 20 and 40 as 18.98. My figures give 23.44 under the same conditions.

This then is as far as we can go in determining the question as to whether the Association reaches the persons for whom it was intended. I conclude from these figures that it does not do so; and it only shows once again that an institution established towards a preconceived end may eventually do good work, though it may be diverted to a different object. Theoretically the object of such an institution is to enable persons to pay whilst in health for medical attendance during occasional periods of sickness. But here we find the Association devoted mainly to providing medical attendance at those periods of life when it will almost inevitably be wanted. This time having passed, the Association is dropped, and, when sickness eventually comes, the population is likely to be no more prepared to meet the expenses it entails than it had been without the Association.

THE WORK DONE FOR THE ASSOCIATION.

The total number of attendances of the members during the three years is 5,423. Under this head are included both visits at the patients' homes and consultations at the surgery, excepting attendances at confinements. The total number of members' years during the three years is 1,026. This figure is obtained by multiplying the number of members of three years' standing by three, those of two years' standing by two, and adding them to the number of members of one year's standing. The third of the result, or 342, represents the average yearly membership. Dividing this number into the total attendances we find that each person was on the average seen about 5½ times in each year (5.28). The number of confinements attended was 55. The number of deaths was 15. Seven children aged 1 and under died from various infantile diseases; 1 child under 2 died of tuberculous meningitis, and another child under 2 of splenic anæmia; three old people died aged 67, 77, and 80 respectively. One child died of diphtheria, and only one person died in the prime of life at the age of 38.

Of acute diseases the following are the only ones of any importance or giving much trouble: Hysterical mania, 1; chorea, 1; cardiac strain, 1; severe eczemas, 2; fibroid, 1; hemiplegia in an anæmic girl, 1; perimetritis, 1; rheumatic arthritis, 2; mild cases of rheumatic fever, 3; cases of congenital syphilis, 5; cases of typhoid in children, 2; severe case of whooping-cough, 1. But whilst severe cases of disease are the exception, slight ailments are very frequent, and a small number of members only are able to go the year through without medical attention, as the following figures show: Of the 385 members on my list at the end of the year 1896 only 23, or 6 per cent., did not require any attention during the year. In other words, 94 per cent. of the constituents were obliged to avail themselves of the medical benefits.

This record of work done entirely confirms the conclusions derived from the analysis of the membership. We have an almost entire absence of cases of acute and organic disease. Further, the attendance per head is not high, whilst the proportion able to dispense with attendance is small. We must conclude therefore that we are dealing with a section of the population who, though not subject to severe illness, are constantly troubled by minor ailments. The high birth-rate—53.45 per cent., and the mortality of infants under 1—6.81 per cent., show that we are dealing with healthy child-bearing women and their young children.

REMUNERATION OF THE MEDICAL OFFICER.

It is easy to see from these considerations that at the ordinary rate of provident payments the remuneration of the medical officer will be low. In a friendly society, where the selection of members is, on the contrary, from the healthiest individuals, and especially where the average age remains low, the more frequent occurrence of organic disease is fully compensated for by the number of members who have no occasion for treatment from one year's end to the other. The payments in the provident association under consideration have been £204 118s. 10d. for the three years, and the average remuneration per attendance works out at 9.05d.

I hope to give later on the exact value of each attendance

in the friendly societies with which I am connected, but I can already say that over the three years it works out at something between 1s. and 1s. 3d., the exact amount for 1894 being 1s. 3d. The question naturally arises, Does it pay a medical man to do work at this rate? To this I would answer that the remuneration is sufficient providing that the members are drawn from a class that are not in a position to pay more. Looked at from the broadest point of view—that of the greatest gain to the greatest number, there can be no doubt that such payments obtained from the respectable poor are vastly to be preferred to the inadequate payments of a friendly society without a wage limit. In this branch of the Metropolitan Provident Medical Association the wage limit (though fully high) is strictly maintained, chiefly owing to the regular attendance of the medical men at the committee meetings.

Members' payments are on a sliding scale. We can obtain the average amount subscribed per head by multiplying the average remuneration into the average number of attendances. This works out at 3s. 11½d. Allowing for deductions due to collecting, every individual is worth about 5s. to the society annually. It would be hard indeed to assert that for a family earning about 28s. a week, a fair wage in this district, such payments, amounting to 5d. to 7d. a week, are not so much as can be reasonably expected. The low remuneration for medical services arises not from the inadequacy of the payments, but from the inability to ensure the continuance of subscriptions from those who have no immediate claim on the doctor's services.

CONCLUSIONS.

The membership, as we have seen, changes to the extent of 16 per cent. annually. The insurance is fitful, and is applied for only when there is the very greatest probability of its benefits being required. The analysis of the ages of the members and the work done for them show that the actual work of the Association consists in the constant and regular supply of medical services at those critical times which are included, for children, between the ages of 1 and 5, and for married women, between the ages of 20 and 40. At other times disease will find the same population medically unprovided for.

To such extent, therefore, as the working of the Branch which I have described represents fairly the average working of the Metropolitan Provident Medical Association, the conclusion is unavoidable that its object has not been attained. There is nothing to show that hospital abuse has been relieved by its operations.

Nevertheless, though the Metropolitan Provident Medical Association has failed in its endeavours to relieve hospital abuse, the work done has been valuable, and the remuneration has been in the circumstances just. This latter result is due, in my judgment, to the fact that in all its branches the medical men have the opportunity of exercising a close supervision on the wage limit and the admission of members. This condition of adequate control does not exist in older provident institutions, and, as is well known, attempts to enforce it have been resented.

The Metropolitan Provident Medical Association contemplates the extension of its work. If this policy be systematically accompanied by the provision of means for securing sufficient medical control over the wage limit, its results will be valuable and its operations will deserve the support of medical men. It will, however, fail to relieve the mischief of the "hospital loafer," for whose extinction it was mainly started, until it has also adopted some system for obtaining regular subscriptions in non-critical as well as critical periods of life, and has thereby placed its benefits on the basis of any other form of thrift or insurance. But so desirable a system is impossible in face of the ease with which free hospital treatment can be obtained. Provident associations can no more than private practitioners compete successfully with free hospitals; and it is futile to expect any serious relief of hospital abuse by such indirect means, however good in themselves, as the extension of the provident principle.

The annual general meeting and dinner of the Infirmary Medical Superintendents' Society will be held at the Inns of Court Hotel on Saturday, March 27th, at 6.30 P.M.