years of age would be 680 cases and 270 deaths; fatality, 41.0 per cent. ⁵ The exact numbers indicating the extent of the vaccination default in London up to date are not available, so I have been obliged to take the vaccination defaults for twenty years previous to and inclusive of 1898. The average number of children not finally accounted for during these years as regards vaccination was in London 14.35 per cent. ⁶ The average vaccination default for London was: 1875-79, 7.5 per cent.; 1880-84, 6.5 per cent.; 1885-89, 9.0 per cent.; 1890-94, 17.5 per cent.

CONTRACT MEDICAL ATTENDANCE UPON SICK CLUBS.

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At the present time it may be of interest to many readers of the *BRITISH MEDICAL JOURNAL* if some suggestions were made as to how far the profession should go in its support of or opposition to the present very widely adopted system of contract medical attendance. Most of us will admit that it is perfectly legitimate and fair that the working classes should make some provision to ensure not only sick pay but also medical attendance in times when they are prevented by illness from following their usual employment. Living, as such vast numbers of them do, from hand to mouth, and spending each week the amount of their weekly wages, when illness comes they must run into debt for the necessities of life and for their medical attendance unless they have previously made provision by joining some form of provident society.

The large Friendly Societies, such as the Foresters, Oddfellows and others, registered and working under definite rules, have very little of the objectionable element in their constitution. They seldom, if ever, employ canvassers and they are recruited by the efforts of the individual members of the different lodges into which they are divided. They seem to require reform in two ways: First, the sum paid per head for medical attendance is often too small; and secondly, they admit members who are to a certain extent above the class the Society was originally intended to benefit, and who are able to pay ordinary medical fees for their attendance. The sums paid per head per annum for medical attendance are generally settled by the local lodge, and are not fixed by the central governing body, and they vary in amount from 3s. to 6s. At the last conference of the Friendly Societies it was admitted that these fees were in many places inadequate, and there seemed to be a general disposition to favour a minimum payment of 5s. per head per annum for adults. If medical men resolved to take no less payment than this, not only for adults but for all members of the juvenile department, they would probably soon succeed in getting the Friendly Societies to grant it. On the second point, the admission or retention of members who are able to pay better fees, the only suggested remedy has been that of a wage limit, and this the Friendly Societies distinctly decline to discuss. A wage limit is by no means so easy a matter to fix as it looks.

The wages earned, perhaps, for many months of a year might exceed the limit, but in all trades there are large variations, and periods during which full time is made are followed by periods of depression, during which the men are only working two or three days in each week, so that to arrive at the rate of weekly wage the amount earned during the whole year would have to be taken into account and averaged. As the Friendly Societies are determined not to entertain the principle of a wage limit, it seems useless for the members of the medical profession to insist upon it. A compromise in the shape of a sliding scale, whereby the minimum rate of 5s. a year paid for medical attendance should be increased to men earning more than a fixed amount of wage, and in proportion to their wages might possibly have a chance of being accepted, as such a plan would only affect the medical fees, and not interfere with the admission to the society and the insurance of payments during illness.

Another form of provident society is often seen, where the employes of some large firm, either by themselves or aided by their employers, unite to form a club for relief in sickness and for providing medical aid. To these clubs no legitimate objection can be taken. There is no canvassing, the finances

are controlled by a duly-appointed committee of workmen, and the management of them by this committee is generally excellent. There again arises the question of the capitation fees paid to the medical officer, and here also the minimum fee should not be less than 5s. a year for all employed—men, women, and juveniles. The custom of paying less for females and young persons is quite a wrong one, and unjust to the medical profession, as it is generally these who require the most medical attendance. The appointment of medical officer to these clubs is generally eagerly sought after. If the medical officer is paid entirely by the employers, they, of course, have the right to appoint whom they please, and if the medical officer is paid entirely from the contributions of the men, the same right should be conceded to them, and the appointment should be an annual one. As the men are seldom unanimous in their choice of a doctor, by far the best method is that a list of medical men should be agreed upon every year, and each workman should then make his selection of the doctor he wished to be under for that year. By this method much trouble would be saved to the profession, as such appointments are often the source of disputes between rival medical men.

Another class of clubs are the various provident dispensaries. These are either entirely self-supporting, maintained by charitable subscriptions, or composed of both these elements. They are the means by which medical attendance may be obtained, not only for men but for women and children of all ages. Properly managed, they are not open to any serious objection, and as they do not exist for any object except for the one of providing medical attendance, they should certainly be restricted to those members of the working classes who are not able to pay ordinary medical fees. Unfortunately this is not always done, and the chief abuse in connexion with these dispensaries is the fact that the admission of all classes of patients is permitted, and care is not taken to eliminate unsuitable cases. Admission should always be made subject to the approval of the medical staff. There should be no collectors or canvassers attached to these dispensaries, and the whole of the proceeds after the payment of expenses, provision of drugs, etc., should be allotted to the medical officers.

Insurance societies often have attached to their usual business a medical aid department; but as these societies employ canvassers and collectors, they should not be countenanced by the medical profession. Medical aid associations are open to the same objection, and to a further one, in that they generally pay their medical officers by salary and retain their profits for their own use, or else they make such deductions from the capitation fees as will ensure a good profit. This practice may be defined as farming or exploiting medical men, and sometimes a very good income is made by doing it.

Private medical clubs are now very numerous, and they are in most cases absolutely unjustifiable on the ground that the worst form of canvassing is there made use of. If a doctor starts or maintains a practice by engaging a collector to canvass for patients for his private club, he is guilty in a far greater degree than is a medical aid association, because the doctor must know that such canvassing is unethical, whereas the question of ethics is never known or thought of by the associations referred to. Such clubs will undoubtedly soon be condemned by the General Medical Council, and it would be well if they were discontinued before any action is taken. A private medical club in which the contributions are paid at the surgery in a district where there is an unopposed practice, and where, therefore, the club can do no harm to any other medical man; is, of course, legitimate.

In conclusion, one may point out that there is no part of one's professional work which gives rise to so much worry as club practice, because of the fact that it is contract work; and however conscientious a doctor may be in his attendance, there will always be some grumbler who will believe that he is not getting the best of it. The glaring evils of club practice may be removed by combination and co-operation between the members of the profession; and there is ample evidence of the growth of a spirit of concord and a regard for ethics in the ranks of our profession which must in time be attended with good results.