

**The just claims of the provident dispensary system and the need for its wide extension in the interests of the medical profession : paper read at a special meeting of the Council of the Charity Organisation Society, held at the United Service Institute, on Jan. 4, 1897 / by Charles H. Warren.**

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THE COURT OF COMMONS

IN PARLIAMENT ASSEMBLED

PROVIDENT DISPENSARY ACT 1841

AND FOR THE REGULATION

OF THE DISPENSARIES OF THE SAID PARLIAMENT

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OF THE SAID PARLIAMENT

1841



## THE JUST CLAIMS OF THE PROVIDENT DISPENSARY SYSTEM AND THE NEED FOR ITS WIDE EXTENSION IN THE INTERESTS OF THE MEDICAL PROFESSION.

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IN considering the subject of Provident Dispensaries something must necessarily be said about the out-payment department of hospitals, and no apology will, I hope, be needed from me for introducing it into this paper. If one may judge from evidences appearing in the medical and daily Press, the present is not an inopportune time for taking into consideration the various schemes for the medical attendance of the industrial classes, especially as they affect the members of the medical profession. The great extension of the contract system in medical attendance through insurance companies, medical aids, and other agencies, and the development of the Friendly Society movement, in the formation of courts and lodges for women and children with medical attendance on equal or lower terms than for the men, has provoked what has become known as the 'Battle of the Clubs,' in which the interests of the general medical practitioner have been placed somewhat in opposition to the various means by which medical advice is being obtained. I propose to consider how the interests of the medical profession can be safeguarded, while assuring the best medical advice to the working classes, and how far the provident dispensary system meets the necessities of the case between the competition of the free system of the out-patient departments and free dispensaries on the one hand, and the various medical aids of assurance companies, &c., on the other.

In a paper read before the Hospitals Association in 1884, on the abuse of the hospitals out-patient system, the writer said, 'It is doubtful if a remedy can ever be successfully or generally applied until a system of active co-operation and

intercommunication between the great general hospitals and a chain of recognised dispensaries is fully established. At present we have the unpleasant experience of praiseworthy attempts at the creation of provident dispensaries failing, or at least languishing, chiefly in consequence of the ease with which gratuitous aid can be obtained, while the out-patient departments are maintained owing to the want of a form of aid which the free system strangles at its birth. The remedy for this state of things is to be found probably in the establishment throughout the metropolis of a system of local dispensaries in co-operation with the hospitals, and a simultaneous reform in a thorough manner of the present gratuitous out-patient system.'

Co-operation between provident dispensaries and hospitals may be termed the root idea of all writers and authorities on these questions for many years past. As a means towards this end an association was established some sixteen years ago. One of its objects has been and is: 'To co-operate with the governing bodies of the metropolitan hospitals in order that they may be relieved of the large number of ordinary cases of illness which at present overcrowd their out-patient departments, and also have referred to them from the provident branches cases which require special hospital treatment or are suitable for clinical instruction.' How far this co-operation has been attained may be gathered from the following facts. When the association was started there were, so far as I have been able to ascertain, about forty provident dispensaries or medical clubs worked on the provident system in the metropolis. There are now fifty-six, and in addition some of the old free dispensaries have adopted a semi-provident or part-pay principle. Of these fifty-six it is scarcely possible to point to a really successful provident dispensary in the neighbourhood of a great general hospital or free dispensary. What is more, on two or three occasions provident dispensaries have been closed because of the severe competition of neighbouring hospitals or free institutions. As in 1884 so in 1896, the free system is too strong for the provident. In the outer ring of London we find the largest and most successful provident institutions—Kilburn, Westbourne Park, Kensal Town, Battersea, Camberwell, Greenwich, Deptford,

Lewisham, Tottenham, &c. Other influences no doubt are sometimes at work, and in some outlying districts the provident system is only partially successful; while, on the other hand, one of the most successful provident dispensaries started within the last five or six years is in Whitechapel, immediately opposite the London Hospital. These are the exceptions which prove the rule I have laid down.

That the out-patient departments of hospitals are abused admits of little doubt, least of all in the minds of the general medical practitioner, but it would be difficult to say what effectual steps have been taken to remedy a state of things which has been in existence for many years, and which tends rather to increase than decrease.

The abuses of the hospitals' out-patient departments may be classed under two heads. First, persons are admitted who are well able to pay something for their medical treatment, and secondly, slight cases of illness are admitted which are not proper cases for hospital treatment at all, and could be as well treated at the patients' homes or in a doctor's surgery. To remedy these abuses there have been some feeble attempts on the part of the hospital authorities. In many of the hospitals—the London, Westminster, Great Ormond Street—the attention of the out-patients is directed by means of posters, cards, &c., to the existence in the neighbourhood of provident dispensaries. I think I should be safe in affirming that many of the patients have seen these notices so many times that they know the words on them by heart. Few of them deem it advisable or desirable to pay for what has hitherto been supplied gratuitously; the numbers in the out-patient departments are not reduced.

At the Royal Free Hospital a more systematic attempt is being made, in connection with the C.O.S., to deal with the matter. Here an almoner has been at work for some time inquiring into the position and circumstances of persons in the out-patient departments, with a view of transferring suitable cases to provident institutions. In furtherance of this work, a provident institution has been established in Islington on the medical club system; that is, without dispensary premises, the patients attending at the doctors' surgeries when advice or medicine is required, and receiving

home treatment when necessary. Each case sent from the hospital is followed up and visited, and of the total cases sent about 17 per cent. have been enrolled members of the provident institutions, and of the neighbouring Bloomsbury Provident Dispensary. We may hope these numbers will increase as the inquiry proceeds, and that there will be a corresponding and appreciable diminution in the numbers attending the out-patient department.

In other hospitals the plan has been adopted of admitting only a certain number of new cases each day. So far as these efforts go they may be considered perfectly satisfactory, but I do not think the same can be said of the system of charging a fee to out-patients, which is the practice in one or two hospitals. This appears to me rather to aggravate the evil than reduce it, and to compete on unequal terms with the outside medical man. The neediest, and frequently most deserving cases have to pay for what should be charity, and the well-to-do are encouraged to come under the impression that they are paying for the treatment they receive. This no doubt adds to the hospital exchequer, but can scarcely be looked upon as helping towards providence, or as a remedy for the abuses complained of.

The great defect of the schemes I have briefly mentioned seems to be that they begin too late—they are attempted cures rather than preventives. What is required is to keep unsuitable cases out of the hospitals rather than try to weed them out after the mischief is done. We shall probably get to the root of the difficulty when we recognise that the only qualifications for admittance to the out-patient departments should be the need of that special treatment which the hospital can best give and the suitability of the person requiring it. Who is to decide on these two points? Certainly not the ordinary hospital subscriber. I believe one condition essential to the success of any scheme for reforming the out-patient departments is the abolition of the letter system as at present understood, and when that is accomplished, to admit cases for out-patient treatment only on the recommendation of a medical man who knows the case, in connection with some organised association, or in private practice. I fully admit that many difficulties will have to be overcome before such a

scheme will be acceptable to the hospital authorities, but that the general medical practitioner would approve of it I have no doubt. It would secure the most interesting and difficult cases for the teaching of medical schools, and if worked out as it ought to be, with the advice and co-operation of representatives of all branches of the medical profession, should secure the interests of each of them.

Something on the lines I have indicated has been recently attempted by co-operation between the Metropolitan Provident Medical Association and the Hospital Saturday Fund. This fund makes grants to the various hospitals of London, in return for which it receives letters; these are distributed as the necessity arises to the workers in the workshops and factories from which the bulk of the fund's income is derived. For some time past the applications for chest hospital letters have been so numerous that additional letters were purchased to meet the demands. With a view of checking the output of these letters, and to ensure that they are only given to persons requiring chest hospital treatment, each applicant has now to produce a certificate from a medical man before the hospital letter is issued. As it would be obviously impossible for the fund to deal with individual doctors in a scheme like this, an arrangement was entered into with the Metropolitan Provident Medical Association. This association, through its twenty branches and nearly one hundred doctors, has undertaken to examine the cases sent by the Hospital Saturday Fund, and to certify whether such cases are suitable for treatment at a special hospital, general hospital, or provident institution. I am able to give the results of this experiment for the first two months. In that time, from August 1 to September 30, four hundred and sixty-four (464) applicants were supplied with certificate forms. Of these only two hundred and twenty-six (226) were returned with the doctors' opinion; the remaining 238 applicants for some reason or other did not see fit to submit themselves for examination. Of the 226 cases examined, 124 or 55 per cent. were sent to chest hospitals, 74, or 33 per cent., were treated at the various dispensaries of the association, and 28, or 12 per cent., were considered suitable for treatment at general hospitals. Taking the total number of those who

applied for hospital letters (464), only 152, or about 32 per cent. of them, were considered proper cases for hospital treatment. The remaining 68 per cent. have been kept away from the hospitals because of their unsuitability, and for those treated at the dispensaries the medical men have received remuneration. In addition to this, these people have been brought into touch with provident institutions, and I believe one result of the scheme will be that many will become provident members, and will no longer have to depend upon the hospital letter for the medical treatment they may require.

The success or failure of such an arrangement must necessarily be judged from three points of view, that of the hospital, the medical men, and the persons treated. The numbers dealt with are at present so insignificant compared with the million or more cases which annually crowd into the out-patient departments, that it is too early to get an opinion from the hospital point of view. But if the plan succeeds, and is extended to applicants for all hospital letters, and not confined to the cases I have mentioned, we may be perfectly sure an opinion will be forthcoming. If the cry for a reform of the out-patient department is a sincere one, I do not see why an adverse opinion need be anticipated. From the medical men concerned, I have received nothing but praise of the arrangements; they recognise in it a genuine attempt to sift cases before they are sent to the hospitals, and are prepared to loyally support the association in furthering the principle involved. It would be natural to expect some opposition to this arrangement from the persons applying for hospital letters who in the past have received them unconditionally, and now have to undergo a preliminary examination. Only in a very few cases have I heard of any objection, and I have had many proofs that the patients themselves are as a rule perfectly satisfied. The examination generally means a visit to a medical man not far from the person's own homes, and if they are not suitable cases for hospital treatment, they are treated at once without further journeyings and long waitings. In addition, they are entitled, when necessary, to the doctor's visits at their own homes. If hospital treatment is required they are supplied with a recommendation for the most suitable institution.

This scheme is an experiment of the Hospital Saturday Fund and the Provident Medical Association, but I believe that in the development and extension of such attempts can be found a solution of the out-patient difficulty, and a recognition of the claims of the general medical practitioner.

A well-regulated system of provident dispensaries offers probably the only means by which a work of the character I have indicated can be carried on. I think it must be admitted that up to the present the provident dispensary movement has been only partially successful, and I have given as one reason for its comparative want of success the competition of the hospital free system. Another important factor has been the lack of support from the medical profession. Without such support it is, of course, impossible for the movement to become a general success, and I propose for a few moments to consider some of the objections made against provident dispensaries, for the purpose of seeing how far they can be removed, and the work brought into conformity with the requirements of the public and of the general medical practitioner.

In dealing with the subject of out-patient departments of hospitals, I stated that persons were admitted for free treatment who were well able to pay for their medical attendance. A similar objection has been raised in the case of provident dispensaries—viz., that persons are admitted as members whose earnings placed them above the class for whose benefit these institutions are established, in other words that a wage-limit is not put into force. In many, I believe I am right in saying in the majority of provident dispensaries in London, there is a wage-limit in operation, and every possible means are taken to ensure that the benefits of these institutions are reserved for the class intermediate between those who are the proper recipients of gratuitous treatment and those who can afford the ordinary fee of a medical man. On the other hand, I have had instances brought to my notice where persons of ample means and good positions have secured their medical attendance for years by means of the small payments to a provident dispensary. These instances have all occurred in the older dispensaries, before 'wage-limit' was inserted in the rules of these institutions. No one, I should imagine,

doubts the justice of the demand put forward by the medical profession, that there should be a wage-limit rule in every provident dispensary, and if persons are now admitted whose earnings are above such a limit, the fault must to a large extent be thrown on the medical staff for admitting such persons to membership without protest. Every new member ought to be passed by the medical attendant chosen by him.

I am not prepared to recommend a general wage-limit, which must be determined to a large extent by the district in which the dispensary is situated, and also by the scale of payments charged to members. I have noticed that in many of the medical associations formed by doctors it has been recognised that, although a most desirable matter, it is very difficult in practice to adopt a hard-and-fast wage-limit. I am afraid, however, that the tendency of many medical men who have not fully considered the question is to make the wage-limit as low as possible, and to charge the members very high fees. Low wage-limit and high fees do not seem to be quite compatible. I can best illustrate my meaning by an example.

At Bexhill-on-Sea an association of medical men has been formed similar to those established in other towns as a protection against the competition of the large medical aid societies. The majority of the rules of this association are excellent, and might be adopted in any properly-conducted provident dispensary, but the wage-limit is, in my opinion, far too low or the fees much too high. The combined incomes of the parents must not exceed thirty shillings per week, and the regular fees paid for medical attendance are twopence per week for each adult, and one penny per week for each child under fourteen years of age, up to six in number. That is to say, where eight persons have to be maintained on thirty shillings per week, tenpence per week, or £2. 4s. 2d. per annum, must be paid for medical attendance, under the rules of the Bexhill Medical Association. To many of you £2. 4s. 2d. may not seem a large sum to pay for doctoring a family of eight persons, but when we consider that this is in the nature of an insurance, that the benefits are to a large extent uncertain, that these fees must be paid in advance, that every member of the family on joining must be in good health, and must be passed as such by one of the medical officers, that

those in indifferent health are excluded or only admitted at special rates by the committee—*i.e.*, the medical men themselves—when we consider it in this light, I think we shall agree that the medical men have overlooked the interests of their patients in taking too great a care of their own. I very much doubt whether they can ever compete on these terms with free institutions or medical aids. A far more reasonable view of this matter appears to have been taken by a committee under the chairmanship of Sir Spencer Wells in 1887, which consisted of twenty-five medical men and eleven laymen. To carry out this principle of insurance this committee made the following recommendations :—

That all candidates for membership should be approved by the medical officer under whom they wished to be registered ;

That they should be free to benefit in four weeks from the date of joining ;

That the rates of contribution should be :—

Single persons, male and female . 6*d.* per month.

Man and wife without children . 1*s.* „

Man and wife with children . 10*d.* „

Children under sixteen years of age 3*d.* „ each,

not charging for more than four in one family ;

That applicants for membership must make a declaration that their average earnings do not exceed, in the case of a single person, or man and wife, 30*s.* per week, or of a family 40*s.* per week.

The committee were of opinion that provident dispensaries established with this scale of charges and wage-limits would be supported by the medical profession, and would meet the wants of the working classes.

Naturally, the most important point for medical men to consider in accepting work under these conditions is whether they can expect to be well remunerated for the services they render. I do not suggest for a moment that it is entirely a question of pounds, shillings and pence, but under the stress of competition due consideration must be given to this point. As to the total amount of money the staff of a provident dispensary receives, much, of course, will depend on the method of payment—whether by a fixed sum per annum, or a proportion of the members' payments, or by dividing the balance

remaining after all other expenses have been met. If there are honorary subscriptions, they will necessarily enter into the calculations. Perhaps the time will come when honorary subscriptions can be dispensed with, and the provident dispensary depend entirely on the provident payments of its members. But that condition has not yet been reached, except under specially favourable circumstances. I have gone to some trouble to work out the payments made to the doctors by several large provident dispensaries. In the majority of cases, the dispensaries I have examined receive grants from other societies, depending to a large extent upon the amount of work done; and as every dispensary committee, like every hospital committee, wishes to make the highest possible return in applying for these grants, I have preferred not to make any comparison of the amount per case, or per visit, paid to the doctors of the various institutions. The average payment works out at between  $4\frac{1}{2}d.$  and  $6d.$  per attendance, whether at the dispensary, the doctor's surgery, or a visit to the patient's home. In these cases, the doctor provides no medicine, and is put to no trouble or expense in collecting fees.

Much more reliable information I have received from a medical man attached to a provident institution worked on the medical club system, where the doctors provide medicines, receiving a larger proportion of the members' payments than would be the case under the dispensary system. Dr. — says:—

I have carefully gone into the matter of the amount of work I did in connection with the club last year, and the figures will perhaps interest you. The number of attendances, including visits, is 1,245, and as I received £60. 5s., each attendance works out at a farthing less than a shilling, or just over the shilling if you count the penny for medicine (each patient has to pay one penny when a prescription is made up). The number of patients seen is 256. The largest number of attendances on any one person was twenty-four; five persons were seen twenty times or more. There were five deaths—viz., two infants from malnutrition, one child from diphtheria, two old people. With these exceptions, there was only one case of really serious illness. The above figures do not include midwifery. They show that the work is remunerative to the medical profession, providing the wage-limit is strictly maintained. Most of the cases attended would, but for the provident institution, not have been

attended at all, and, if attended, a good number would have avoided payment.

In the club from which I have received these figures there were more than 1,000 cards in circulation last year, and the members' payments reached a total of £618. The medical staff, which is practically open to all the medical men of the district, receive seventy-five per cent. of the members' contributions according to the number of members registered under each doctor, in addition to one guinea midwifery fee—of which the member pays 15s.—and one penny when medicine has to be supplied.

An objection is sometimes raised against provident dispensaries in respect of the canvassing for members which is adopted in some of them—I suppose the majority, in some form or other. That it is necessary to advertise seems to be recognised in all the medical associations formed by the medical men themselves, and I do not think any serious objection can be taken if the names of the medical men on the staff are not placed on the handbills, circulars, or other advertisements, and it is clearly understood that no touting for individual doctors is allowed.

Perhaps the best guarantee against complaints of this description is to be found by allowing every medical man—under proper conditions—to join the medical staff if he feel so disposed and will attend at the dispensary building at stated times to see those of his provident patients who may require his services. Under a well-organised provident dispensary movement this would be possible, and it would remove an objection sometimes urged against these institutions that they are carried on in the interests of a few medical men and compete with the other doctors of the district who are not members of the medical staff.

As an illustration of another objection sometimes raised by the medical profession I may mention the case of a successful provident dispensary in a large provincial town which I visited some months ago. Sixteen hundred families representing upwards of five thousand persons were on the books, and contributed during the year £730 as provident payments. The rest of the income—amounting to just over £100—was derived from the honorary subscriptions of eighty

persons. Eleven doctors formed the medical staff. The whole management of the dispensary was in the hands of the eighty honorary subscribers, who elected the committee from among themselves, appointed the doctor and other officials, and settled all questions which affected the welfare of the institution, whether medical or otherwise. Not one of the doctors had a seat on the committee of management, and the whole of the 5,000 benefit members, who provided seven-eighths of the total income, were unrepresented. Here, I think, both the medical profession and the benefit members had just grounds of complaint, and I was able to make certain suggestions, in accordance with which steps have, I believe, been taken, to render the committee more representative of all the interests concerned. I have shown in the case of Bexhill what evils I consider likely to arise in an association carried on entirely by medical men; evils not less than these will probably be found where the benefit members or a few honorary subscribers have the exclusive control. A provident dispensary to gain general confidence should have on its committee of management representatives from the benefit members, the medical staff, and the hospital or other institution with which it seeks to co-operate.

Without entering into details of the working of the system, I hope I have sufficiently indicated the general principles upon which provident dispensaries should be carried on, and the need for their wide extension, not only in the interests and for the protection of the medical profession, but also for the advantage of the industrial classes. By such a system good medical advice and medicine are brought within reach of the poor, on terms mutually agreed upon by them and their medical advisers. Habits of thrift and forethought are inculcated, and serious illnesses frequently averted by a timely visit to the doctor at the first symptoms of disease. If the remuneration received by the doctor is not in itself large, it is at least according to the ability of his patients to pay, and is guaranteed to him whether the members on his list are well or ill.

I have only left myself a short time to speak on the competition which the provident dispensaries have to meet from the medical aid societies of insurance companies, though this

is not less important than the competition with the hospital's out-patient departments. In one respect it is even more damaging, because of the tendency in the public mind—and sometimes in the medical mind—to confuse these societies with the genuine provident institution. The principles underlying them are totally different: the medical aid society is a business concern carried on for purposes of profit which is gained at the expense of the medical man and without any of the safeguards attaching to the provident dispensary.

If medical men allow themselves to be placed on the books of these societies as medical officers, they should insist on the observance of the conditions which I have endeavoured to lay down for provident dispensaries—an examination of each applicant for admission, a strict wage-limit, the suppression of touting and canvassing for individual doctors, and the representation of the medical profession on the committee or board of management.

The difficulties surrounding medical practice have been largely created, and are being perpetuated by the want of union in the profession. It is only by a strong combination that these difficulties will be overcome.

I am convinced that reform on the lines I have so inadequately indicated must come from within the medical profession rather than from without.

CHAS. H. WARREN.

# METROPOLITAN Provident Medical Association.

*Incorporated under the Companies Acts.*

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*Chairman*—WILLIAM BOUSFIELD, Esq.

*Vice-Chairmen*—F. D. MOCATTA, Esq.; C. G. MONTEFIORE, Esq.

*Treasurer*—H. N. HAMILTON-HOARE, Esq.

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*Office*—5 LAMB'S CONDUIT STREET, W.C.

## OBJECTS.

1st.—To provide, upon principles of mutual Assurance (by means of small periodical payments), efficient Medical treatment and Medicine for those Members of the Working Classes and their Families who are unable to pay the ordinary Medical Fees.

2nd.—To co-operate with the Governing Bodies of the Metropolitan Hospitals, in order that they may be relieved of the large number of ordinary cases of illness that at present overcrowd their Out-patient Departments, and also have referred to them from the Provident Branches cases requiring special Hospital treatment or nursing, or which are suitable for clinical instruction.

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## HOW ATTAINED.

These objects are attained by the formation in suitable districts of Provident Dispensaries, as Branches of the Association, which are under the Management of Local Committees, and to which the local Medical Practitioners are invited to attach themselves.







