THE PROPOSED MEDICAL PROVIDENT SOCIETY.*

By JOHN BROWN, L.R.C.P. Lond., etc., Baccp.

FOR several months, the BRITISH MEDICAL JOURNAL has opened its columns for the discussion and the promotion of the above scheme. Many valuable suggestions have been made, but nothing has yet occurred to warrant us in saying that it will succeed. At present, the number willing to join are far too few to guarantee success. A gentleman of considerable experience on this question, writing to me, says: "I fear, as regards your project—it has been attempted twice before, but the projects failed numerically—you will not get enough members to make the scheme work beyond a very few years. I do not believe in any one profession being strong enough to carry the dead weight of its casual sick, especially one so exposed as our own is, and, what is worse still, my experience in our own county (Surrey), and the Council of the British Benevolent Fund and the Epsom College Council Boards, tends to the conviction that from some cause or other, or many combined causes, we are an unthrifty class. My experience is that those who do most to support these institutions, are those who are least likely to need their benefits; and those who are liable to require their assistance, either cannot, or will not, say. Up to the present, numerically, this scheme is comparatively a failure. In our Branch, we have over 1,000 who are members of the British Medical Association, besides about 500 medical men who are not members. Of these, only 15, or 1 per cent., have expressed their willingness to join this society. Fearing the medical provident scheme will fall through, I now suggest that an association be formed which shall embrace the provident and benevolent principles. It might be named the Medical Mutual Aid Association; its aims would be far more noble and charitable than the provident society, and ought to command the hearty and practical sympathy of every medical man. In the BRITISH MEDICAL JOURNAL of May 19th, 1883, Dr. Martin, of Sheffield, mentions four recent appeals which were made in the medical journals; he also states another case in Sheffield, a surgeon threatened with absconding with some of the patients, and they were doing what they could to relieve the case. He advocates very strongly the pressing necessity of forming a benevolent fund, co-extensive with the Association, or even extending beyond the members of our Association; and he believes that it would be possible to raise £30,000 per year, and that the sad stories which meet our eyes would soon disappear.

The Medical Mutual Aid Association would have two classes of members, Class A, *Prudential* members; Class B, *Benevolent* members.

CLASS A.—The *Prudential Members* would have the control, management, and benefit of the sick fund; the object of which would be to provide against sickness and accidents.

Terms.—From 21 to 40 years of age, to insure £2 per week for a period of not more than fourteen weeks in one year, a premium of £2 per annum. To insure £3 per week, for the same period, a premium of £3 per annum. From 40 to 50 years of age, the same premium for the like weekly income, which shall not exceed ten weeks in one year. From 50 to 60 years, the same premium and benefits, which shall not exceed seven weeks in one year.

The above scale would probably be safe, and possibly more liberal terms might be offered after a few years' experience. By arranging the sick benefit for a number of weeks, you may guarantee success to this movement. By having a low premium, more would be induced to join. Many of the scales of premium are prohibitive to persons of limited income, and who have to pay heavy premiums on life-insurances. Dr. Thorburn calculates that, at fifty years of age, to insure £3 3s. per week, the premium would be £12 5s. 11d. per annum.

The limitation of the sick-pay to a definite number of weeks is to prevent the collapse of this scheme from cases of chronic illnesses, which would soon exhaust the funds of a young society; this is one of the chief sources of failure which can be avoided on the principle stated above. Any chronic case of illness could be recommended to the committee of the benevolent fund, and would be relieved by them.

The tendency to sickness increases very rapidly after the age of forty-five; therefore the number of weeks of sick-pay must be re-

duced correspondingly. All medical men who are on the *Register*, and engaged in active practice, should be eligible for membership. It is very probable that many members, after twenty years of successful practice, would be able to give up their beneficiary rights, and thus give stability to the fund. Such members might be made life-governors, and thus merit the honour and esteem of their less wealthy brethren.

CLASS B. *Benevolent Members.*—The object of the benevolent fund would be to assist needy qualified medical men (whether due to misfortune, sudden or chronic illness, old age, or other legitimate cause), their widows and orphans, and the education of sons and daughters, or other relatives of members.

In England, there are ten medical benevolent societies, three in London and seven in the provinces. I have been favoured with reports and letters from the secretaries of six of the provincial societies. These reports give valuable suggestions how to successfully organise such a society. Many of these societies are burdened with wealth, and are not doing the amount of good which might be expected. One society has thirty-eight members, with a capital of over £10,000. The amount it disburses is less than the interest from the invested capital, besides the yearly subscriptions of the members. Four of the benevolent societies are suffering from plethora of gold, and ought to be bled freely. In order to do this, it would be necessary to alter the by-laws. The London benevolent societies are doing vastly more good than all the provincial societies. They give relief to the extent of over £8,000 per year, and, from lack of funds, are unable to relieve many really needy cases. Last year, the six provincial societies disbursed in charity £1,320. They have a total capital and ready cash of £87,000. Initially, all these societies are successful; we may augur, therefore, that the benevolent fund will be a success.

The *Benevolent* members may be medical men or non-professional; the latter would be patrons and benefactors. The purposes of this fund are so praiseworthy, that many would be glad to have the privilege of giving practical help to a profession which gives so generous its services to the public, and which professes not to do to give the laity a non-professional an opportunity of subscribing. For example, on May 20th, 1883, the annual festival of the Artists' General Benevolent Institution was held in London, under the presidency of Sir Stafford Northcote. At the close of the dinner, the handsome sum of £2,507 was collected. Supposing our Branch formed such a society, an annual dinner in Manchester or Liverpool would meet with hearty and generous support from the laity.

The fee for *beneficial* members shall be £1 1s. per annum; *prudential* members 10s. 6d. per annum; *honorary* members £2 2s. and upwards.

If the members of this Branch take up the matter heartily, we can form a benevolent society which will become the most influential in the provinces. The Birmingham Society has 247 members, capital £10,000. In our Branch, if canvassed personally, we ought to have at least 250 members. This could be done by dividing the counties were divided into about 50 districts, each district to have an honorary secretary, who should appoint as many medical men as stewards as he considered necessary, to personally solicit medical men to join, and the gentry to become patrons and benefactors. In this way the work could quickly and efficiently be done, and the results would more than repay the trouble. If a provincial committee were formed, and a circular, stating clearly the charitable object of the society, sent to each medical man, there would be many who would volunteer to act as stewards.

Some doubt the necessity of the provident fund, but all who have read the BRITISH MEDICAL JOURNAL can only have one opinion as to the urgent need of a benevolent fund. With your indulgence, I will read an appeal which appeared in the JOURNAL on December 23rd, from Dr. Ormsby on behalf of Dr. Griffith's three orphans. Now, gentlemen, let us who pride ourselves on the nobility and self-sacrificing devotion of our profession, see how large and generous is our beneficence. Two weeks after this appeal, on January 6th, 1883, there appeared Dr. Ormsby's reply, acknowledging £18 6s.

This is not exceptional. The response to most needy appeals, as a rule, does not amount to the cost of a first-class private dinner party. It is at this time that such a deduction should be removed. A society as proposed need not interfere with those established; they cover a small area of the British Medical Association. This would be co-extensive with the Association itself. Besides being a noble charity, it would be a bond to draw us into closer friendship, and would dispel much of the petty jealousy and coldness which exist among us.

* Read at the Lancashire and Cheshire Branch Meeting of the British Medical Association.

I beg to move the following resolution, which I trust will be seconded and carried unanimously, and that it will again prove that "what Lancashire thinks to-day, England, or the British Medical Association, will think to-morrow."

"That this meeting heartily approves of the formation of a medical society which shall combine the provident and benevolent principles, the latter being of paramount importance, as the recent appeals in the JOURNAL have too painfully proved, and that we desire the Committee of the Council of the British Medical Association to take the necessary steps to bring this question as early as possible before each Branch of the Association."

[This was seconded by Dr. Walter, and carried unanimously.]

OBSTETRIC MEMORANDA.

SPONTANEOUS VERSION.

A PRIMIPARA, aged 30, presented herself at the Queen Charlotte's Hospital, believing that labour had begun. She was only eight months pregnant, and the pains were found to be spurious; when a vaginal examination was made, the os was found to be unopened. The presenting part, though high up, was undoubtedly the breech. On examining the abdomen, the foetal heart was heard on the left side, but about two inches above and to the left of the umbilicus. The patient was discharged.

A month later, she again presented herself; this time labour had begun. Remembering the case, the position of the foetal heart was again discovered by auscultation; it could not be detected at the old spot, but was heard on the right side of the abdomen, below the umbilicus, and mid-way between that point and the anterior superior spine of the right ilium. This pointed to a second or third vertex presentation. On examining by the vagina, the head was felt, with its occiput anterior, indicating almost certainly the second cranial position.

Labour progressed naturally at first, but, in the second stage, delay necessitated the use of the forceps. As the head was born, the face turned down towards the mother's left thigh, thus completing the diagnosis of a second cranial presentation. The cord was rather long, measuring twenty-four inches. It was twisted over the child's back and around one leg.

I have examined the heart in numerous other cases before the beginning of actual labour, but at present this is the only case in which I have noticed a marked change in its position, for which no cause could be discovered.

LEONARD W. BICKLE, M.R.C.S., L.R.C.P. Lond.,
Resident Medical Officer, Queen Charlotte's Hospital.

INJECTION OF HOT WATER IN DELIVERY.

I CAN fully corroborate the remarks of Drs. Beckingsale and Boxall as to the utility of hot-water injections *per vaginam* in producing relaxation of a rigid and undilatable os, although, in such cases, chloral ought to be given, unless its administration is contra-indicated. There is not the slightest danger or discomfort attending the use of these injections. In tedious labours from defective expulsive power, warm-water enemata usually accelerate and strengthen uterine contractions, thereby hastening delivery; but I do not agree with Dr. Beckingsale that "it follows that the hot enema must act as a direct and powerful stimulant to the uterine muscle." I think it acts reflexly. As regards the injection of hot water in *post partum* hemorrhage, I believe it to be most unreliable, and I hope that, at no distant date, it will be entirely discarded. Dr. Boxall, in describing the treatment of a case of flooding after removal of an adherent placenta, where he had recourse to these injections, says: "The administration of ergot, owing to the persistence of anaesthesia, was inadmissible." What about the hyperdemic injection of ergotin?

W. BAIN, L.R.C.P. and L.R.C.S., Heaton Chapel, near Manchester.

EVER since the first mention, some years ago, in the BRITISH MEDICAL JOURNAL, of the American method of stopping hemorrhage by injection of hot water, I have adopted it with unvarying success, so that now I rely on no other method for *post partum* hemorrhage.

A Higginson's syringe is all that is necessary to carry in the midwifery bag; and a small bottle of glycerinum acidi carbolici, or permanganate of potash, gives one the power of irrigating antiseptically at the same time.

If labour have been prolonged, I always wash out the uterus this

way after the expulsion of the placenta, and in this manner feel sure that in many cases *post partum* hemorrhage is prevented.

I am surprised that more medical men do not use this method; they would if they once had tried it, for hot water is always to be had at a confinement, whether the patient be rich or poor. A long gum-elastic tube, with plain nozzle, is fitted to the Higginson's syringe, and the apparatus is complete for any purpose.

H. D. PULLAN, Nayland, Colchester.

THERAPEUTIC MEMORANDA.

HYDROCYANIC ACID AS AN ANTIDOTE TO STRYCHNINE POISONING.

SOME years since, it became necessary to destroy an old dog. A large dose of strychnine was administered in bread, but the poison did not act very rapidly, and, as the animal's struggles and pains were distressing to watch, some hydrocyanic acid was poured in his mouth, to complete the poisoning and hasten the end. To our surprise, the animal at once improved, and eventually recovered. I had forgotten this until the other day, when one of our cats was found dead in the garden, and the other dying, with all the symptoms of strychnine-poisoning; viz., constant tetanic spasms, and dilatation of the pupils, and insensibility to light. The cat was held firmly, and three or four drops of hydrocyanic acid dropped carefully on the tongue. An improvement was shortly visible; the pupils of the eyes became normal, the convulsions became less and less severe, and in a few hours the cat was all right again. I would add that the cat was nursing a kitten, which apparently suffered no inconvenience from the poison.

C. H. WATTS PARKINSON, M.R.C.S.,
Wimborne.

REPORTS

HOSPITAL AND SURGICAL PRACTICE IN THE HOSPITALS AND ASYLUMS OF GREAT BRITAIN AND IRELAND.

MARYLEBONE INFIRMARY.

A CASE OF TRAUMATIC ANEURYSM: AMPUTATION AT THE SHOULDER-JOINT: DEATH.

[Reported by Mr. JOHN R. LUNN, Medical Superintendent.]

T. J., a labourer, aged 52, was readmitted on December 6th, 1882, with an old united fracture of the left clavicle, and ankylosis of the shoulder-joint, elbow, wrist, and phalanges; the left arm was practically useless. He was told that he must not expect much movement. His urine contained a trace of albumen.

He fractured his left clavicle in August 1882, and had his arm put up in splints at a hospital, but did not attend until his arm was cured, so that the limb remained painful and useless from adhesions in, and contraction of, the shoulder, elbow, wrist, and fingers.

He was first admitted in the Marylebone Infirmary on November 20th, 1882. Mr. Lunn and his colleague employed passive motion under chloroform, and a great many adhesions were broken down at all the joints, but the patient discharged himself when partially improved.

On readmission, passive motion was repeated once a week under chloroform, and the battery was applied daily, with friction of the shoulder. He seemed gradually to improve, and was able to help in the ward.

On March 9th, 1883, he was again put under chloroform, and his elbow seemed to move well when under the influence of the anæsthetic.

Whilst the shoulder-joint was being moved, suddenly a large non-pulsating swelling appeared in the left pectoral region, extending into the axilla as far back as the posterior border, and upwards slightly over the shoulder. The radial and ulnar arteries of the same side were to be felt, but no brachial vessel, as the swelling seemed to obscure the pulsation of the artery. Pressure on the subclavian artery did not seem to alter the swelling. On account of the persistence of the radial pulse, it was thought that some small artery was ruptured, and that some fibres of the pectoralis major and minor were torn. The forearm and hand were wrapped in cotton-wool, and evaporating lotion applied to the swelling in the