in some inland town no one would have been on the look-out for his case. In other cases, especially of foreign immigrants, the names and addresses received in Leeds were often quite wrong. The other point was that both Mr. Ernest Hart and Dr. Alfred Hill stated broadly that in cholera treatment was of no use. Neither meant that all treatment was useless in cholera, and the expressions used had been, perhaps, too general. If it was meant that drugs did not cut short an attack of cholera any more than they did an attack of measles and scarlet fever, that would be admitted by all; but if it were meant that a patient unnursed and untended, attacked by cholera, had exactly the same chance of recovery as a person carefully treated at home or in hospital, that was misleading.

Brigade-Surgeon R. PRINGLE, M.D., had listened with special interest to the graphic story told by Mr. Ernest Hart of the marches of cholera from Hardwar and Mecca; the photographs of Hardwar had brought back to him his annual visits to that sacred spot, extending over twenty years, from 1864. On hearing what had been done in 1891, he had felt that now would come the reward to those who, like himself, have felt that cholera-polluted water, as at the well at Hardwar, and at the only well at the railway station at Saharanpur, was not the harmless fluid for drinking or any other purpose which the Sanitary Department in India for the first twenty years had, if judged by their action in this matter, practically maintained it to be. He himself and others had suffered not a little for their persistence in trying to remove this removable cause of cholera extension, but with little success, and not a little injury to prospects; it was now a consolation to feel they had suffered for what the profession and Europe was prepared to endorse was the right thing to have done. Though there was no specific medicine for cholera, yet there was ample room for treatment in its relation to nursing; this was the sheet anchor, not drugging by opium or stimulating by alcohol.

Dr. J. WRIGHT MASON stated that, in accordance with the cholera regulations, the medical officer of health had to satisfy himself as to the destination of persons arriving on board ship, and could detain only such persons not giving a satisfactory address. He had issued instructions to masters of ships arriving at the port of Hull, containing particulars of the regulations issued by the Local Government Board. The jurisdiction of port sanitary authorities should be strictly defined. Cases, if imported along the coast line, must be dealt with in whose jurisdiction it occurred.

MEDICAL SICKNESS, ANNUITY, AND LIFE ASSURANCE SOCIETY.

TENTH REPORT OF THE COMMITTEE TO THE MEMBERS FOR THE YEAR ENDING JUNE 30TH, 1893.

GENTLEMEN,—In presenting to you the tenth report of the proceedings of the Society for the year ending June 30th, 1893, your Committee have again the pleasure of congratulating you upon the success which has been achieved. The sound financial position which the Society has attained is shown clearly in the accompanying accounts, and it is a source of great satisfaction to us to feel that such accounts, showing the results of nearly ten years' working experience, leave no room for doubt that our business was founded upon a perfectly secure basis, and that the method in which it has been conducted is economical and safe. It is, however, with still greater satisfaction that we are able to inform you that we are constantly receiving evidence that the money which we pay away is doing the work it was intended to do, and that the value of the benefits which the Society confers upon those of its members who are entitled to them is even greater than was at first anticipated.

Numerical Progress.—During the year no fewer than 163 new proposals for membership were received, of which 145 were accepted and completed. This is considerably above the average number received during the last few years, and affords gratifying evidence that the benefits of the Society are becoming better known to the members of the profession. Of these proposals it was found necessary to decline 15 only, and as only those in perfect health are accepted, it is evident that the proposals were received from an excellent

class of lives. In fact, the preliminary forms required to be filled up before a new membership can be entertained are so drawn as to make it difficult that any really bad lives shall be offered. The net number of new memberships is, therefore, 145, and this, added to the number of members at the beginning of the year under review, makes a total of 1,377. On the other hand, 50 memberships have during the year fallen through from various causes—namely, 38 have lapsed by the non-payment of the subscription, 3 members have withdrawn after having received a consideration for their certificates in the shape of a cash surrender value, and 9 have died. In this latter number was 1 member who, actuated by the generous desire to avoid coming upon the funds of the Society until compelled to do so, struggled, it is feared, against his disease too long, and died within a fortnight of his declaring on the Sick Benefit Fund. The net result is that the present number of members is 1,327, showing an increase of 95 on the number at the beginning of the year.

Financial Statement.—The accounts (appended to the Report) will be found to show the very sound condition of the finances of the Society. The corresponding figures of the accounts of the previous year are placed at the side of the amounts for this year, so that a comparison between them is rendered easy. It will be seen that each department of the Society's business shows a large increase during the year.

Circumstances having arisen which render it difficult to ascertain the exact value of the investment of £2,000 made by the Society in the bonds of the South Staffordshire Mines Drainage Commissioners, the Committee have resolved to write off the whole amount, placing it in a suspense account until a favourable opportunity of realising occurs. As is shown in the accounts, the amount is replaced from the savings in the management fund.

Sickness and Accident Fund.—This is by far the most important branch of the business, as the Society was founded principally with the view to assure against losses occasioned by disabling illness. The outgo in this department is necessarily very fluctuating in amount, and for the last three years has been materially affected by the epidemic of influenza. The following statement shows the amount paid away as sickness benefit in each quarter during the last five years:—

Year.	Members.	First Quarter, ending September 30th.	Second Quarter, ending December 31st.	Third Quarter, ending March 31st.	Fourth Quarter, ending June 30th.
1888-89	985	£ s. d. 390 9 0	£ s. d. 545 2 0	£ s. d. 560 6 6	£ s. d. 650 6 6
1889-90	1,067	504 13 6	631 10 0	1,194 16 6	541 17 6
1890-91	1,145	607 8 6	642 9 0	825 13 6	1,184 0 6
1891-92	1,232	780 13 6	708 1 6	1,190 0 6	1,044 15 0
1892-93	1,328	662 6 6	803 12 6	922 11 6	938 9 6

Although the influenza epidemic has largely subsided, it is responsible for 49 of our sickness claims during the last twelve months, and caused a total of 115 weeks 6 days' illness, at a cost to the Society of £443 2s., showing an average duration of illness of 2 weeks 2 days. In the previous year the sick claims arising from influenza were 123 for 245 weeks 2 days, and caused an expenditure of £891, showing an average duration of illness of 2 weeks. We are justified, therefore, in hoping that for the present we have seen the worst of this scourge.

The rules of the Society as to the supervision of the admission of new members are so strict and so rigidly adhered to that, during the first few years of its operations, the fact that the sickness expenditure was less than that provided by the tables was not surprising; but the Society is now in its tenth year of work, and it is gratifying to find that, although in the case of the bulk of its members what is known as the advantage of medical selection must have almost if not entirely ceased, yet the sick claims are within the amount provided for.

The total number of sickness and accident claims during the year under review was 227 for 1,057 weeks 6 days, being

27 weeks 3 days less than in the previous year. As the members are scattered over all parts of the United Kingdom, they are exposed to a great variety of risks, and the result is shown in the very varied nature of the causes producing the claims on this fund. Thus, in the year under review, we have had, as already stated, 49 cases of influenza, 11 from rheumatism, 11 from bronchitis, 11 from tonsillitis, 7 from catarrh, 4 from phthisis, 3 from pneumonia, and no fewer than 20 from accidents. The accident claims are, for the most part, received from country members, who are specially liable to injury when riding or driving. The remainder of the sickness claims arise from such various causes that it is difficult to classify them. Some arise from the special risks to which medical men are exposed in the work of their profession; but these are to some extent counterbalanced by the precautions which they take.

The following statement shows the proportion between the sickness provided for and experienced for the twelve months ending June 30th, 1893:

	Full Pay.		Half Pay.		Total.	
	Weeks.	Days.	Weeks.	Days.	Weeks.	Days.
Sickness provided for.....	1,237	0	380	8	1,617	0
„ experienced	794	2	263	4	1,057	—
Margin.....	442	5	116	3	559	1

The sickness premium received during the year amounted to £7,847 3s. 3d., as against £6,853 14s. in the previous twelve months, and the interest received was £1,103 5s. 7d., as against £635 17s., showing an increase of £993 9s. 3d. of premium, and of £467 8s. 7d. of interest on the year. The total increase in the Sickness Fund was £5,623 8s. 10d., as against £3,736 19s. 8d. in 1891-2. The amount paid for sickness has been £3,327, as against £3,723 10s. 6d. in the previous year, showing a diminution of £396 10s. 6d., due mainly to the subsidence of the influenza epidemic.

It is proposed that, subject to their furnishing satisfactory evidence of health, and paying an adequate additional premium, members of five years' standing shall be allowed to increase their sick benefit to £6 6s. per week.

Annuity and Life Assurance Funds.—The annuities secured by the Society's certificates are not payable until the members attain the age of 65 years. No payments of annuity have as yet become due. During the year three members surrendered their annuity contracts, and received surrender allowances. In the life assurance department a claim for £200 was caused by the death of one of the original members of the Society, and this amount was paid to his representatives. The business done has been very small, and it has been felt for some time that the limitation placed to the operations of the terms of Friendly Society Acts renders it inadequate to meet fully the wants of the members in this branch of the business. By the provisions of these Acts the Society cannot secure to its members a larger sum at death than £200, nor a deferred annuity for more than £50 per annum, while, on the other hand, the many advantages enjoyed by a friendly society in the way of immunity from stamp charges, etc., render it undesirable that the constitution of the Society should be changed. Arrangements are, therefore being made by which the Society will act as agents to a first-class life insurance company. Under this arrangement any member who wishes for a life assurance for a larger amount than £200, or for a deferred annuity for more than £50 per annum, can obtain this through the Society as agents for the life insurance company. No liability of any kind attaches to the Society in respect of this arrangement, as the life insurance company will issue its policies direct to the assuring members. Under a special arrangement with the life insurance company a rebate of 5 per cent. will be made to the assured under these policies, who will thus derive a special financial advantage from insuring through the agency of this Society. It is hoped that many of the existing members of the Society will avail themselves of the opportunity thus offered to them, and will effect, through the

agency of the Society such more extended life and deferred annuity assurances as they may require.

Management Fund.—The total expenses of management been £648 19s. 5d., being £56 16s. 8d. in excess of last year. As the bulk of the business increases it necessarily follows that the cost of managing it must increase in about the same ratio; but in the year under review the expenses have been somewhat abnormally increased by the cost of changing the offices and the consequent purchase of new furniture, fittings, etc. After allowing for this, it will be found that the expenditure is somewhat less than that of last year if measured as a percentage on the premium income. After deducting the entrance fees and the fees charged for second notices and acknowledgments of assignments, in all amounting to £92 3s., the net expenditure is £556 16s. 5d., or £4 3s. per cent. on the premium income of £13,442 16s. 4d.; whilst by the same method of calculation the percentage of the previous year is found to be £4 6s. By the rules, 10 per cent. of the premium income is set aside for management expenses; but as less than half this amount has been hitherto found sufficient under the economical system of management adopted, it follows that a large surplus has been formed in the Management Fund.

As the accounts show, this fund now amounts to £3,173 1s. 5d., and this large sum might be treated as divisible profit, but to further secure continued financial stability the Committee have decided that, subject to the concurrence of the members, a portion at least of this should be permanently placed to an Investment Fluctuation Reserve Fund, and that such fund should be increased year by year, by any amount of interest received from the invested funds over the amount assumed in the valuation, namely, 2½ per cent. In face of the fact that the difficulty of obtaining even a moderate rate of interest from first-class investments is increasing, the Committee are strongly impressed with the desirability of forming and maintaining such a reserve fund.

Growth of Reserves.—The financial strength of the Society is perhaps most clearly shown in the steady growth of the reserve. During the last year the funds have increased from £56,901 4s. 8d. to £66,369 5s. 4d., showing an increase of £9,468 0s. 8d., this being the largest increase in funds that has been made in any year. The following statement shows the amount of the funds at the end of each year, with the annual increase from the commencement of the Society to the present time:—

Date.	Amount of Reserves.	Annual Increase.
	£ s. d.	£ s. d.
June 30th, 1884.....	1,434 16 3	
„ 1885.....	6,433 0 10	4,998 4 7
„ 1886.....	11,330 7 6	4,897 6 8
„ 1887.....	17,645 3 0	6,314 15 6
„ 1888.....	24,694 17 9	7,049 14 9
„ 1889.....	32,561 13 0	7,866 15 3
„ 1890.....	40,459 13 10	7,898 0 10
„ 1891.....	48,766 0 9	8,306 6 11
„ 1892.....	56,901 4 8	8,135 3 11
„ 1893.....	66,369 5 4	9,468 0 8

It is our duty to again point out to the members that the gratifying success of our Society is largely due to the generous zeal and energy evinced by the officers and committees. The amount of time and labour that is freely given to the service of the Society by the gentlemen connected with it is exceedingly large, and it would be impossible, within the limits at our disposal, to give anything like a detailed account of it. To Dr. de Havilland Hall we are indebted for a careful perusal and examination of every new proposal and every claim that is submitted to the Society, and in this way the labours of the Executive Committee are appreciably lightened. The Committee also wish to take this opportunity of thanking those members of the profession who kindly examine and report with much care upon special cases for the Society, the more so as it frequently happens that these gentlemen are not directly connected with the Society. They also wish to express their indebtedness to the Medical and Insurance Press, and especially to the BRITISH MEDICAL JOURNAL, to which journal the Committee feel that the members owe a great debt of gratitude.

The post of Secretary to the Society having become vacant by the resignation of Mr. C. J. Drummond on his obtaining a Government appointment, the Committee carefully considered the numerous applications they received for the post. Feeling that it was very desirable that their chief officer should possess the actuarial knowledge so often necessary in conducting a business of this description, their choice eventually fell on Mr. Francis Addiscott, F.I.A., who, as a Certificated Fellow of the Institute of Actuaries, and an insurance officer of great experience, seemed to them the most suitable candidate, and they anticipate that this appointment will meet with general approval.

They also considered that it would be convenient to the members that the registered address of the Society should be in a more central position than heretofore, and with this view have taken an office at No. 33, Chancery Lane, London, W.C. This arrangement will greatly facilitate the operations of the rapidly-growing business of the Society, and its advantages are already felt.

It is accordingly proposed to amend Rule 1 by reciting therein the new registered address of the Society.

We have once more to call the attention of the members to the duty they owe both to themselves and to the profession of assisting the spread of the sphere of usefulness of this Society by introducing new members. At almost every meeting of the Committee evidence is before them that the benefits of this Society are very deeply felt and keenly appreciated by those who enjoy them, and there can be no doubt that there are many members of the profession who would gladly avail themselves of them if they were brought under their notice. To the younger members of the profession in particular the value of membership in the Society can scarcely be overrated, for by joining the Society at an early age they secure the payment of a low rate of premium, while to them the timely aid it affords in emergencies may be of vital importance. We are, of course, in no sense in need of new members, but it is evident that the larger the business becomes the smaller will be the rate of expenditure at which it can be worked, and thus all interests are served by adding to the number of those who are members of the Society.

Signed by order of the Committee,
ERNEST HART, Chairman.
F. ADDISCOTT, Secretary.

33, Chancery Lane, London, W.C., July 19, 1893.

REPORTS

ON

MEDICAL & SURGICAL PRACTICE IN THE HOSPITALS
AND ASYLUMS OF GREAT BRITAIN, IRELAND,
AND THE COLONIES.

MANCHESTER ROYAL INFIRMARY.

TWO CASES OF ABDOMINAL SECTION FOR INTESTINAL
OBSTRUCTION.

(Under the care of Mr. SOUTHAM.)

[From notes taken by Mr. HOOTON, House-Surgeon.]

CASE I. Strangulation by a Band: Abdominal Section: Recovery.
—F. T., aged 13, was admitted on the evening of May 8th, 1893, with the following history: Nine days previously, while at work, he was seized with pain in the abdomen. The following evening sickness set in, and continued up to admission. There had been no action of the bowels for six days. The morning after admission the patient was extremely collapsed. Temperature 97°; pulse 104, small and thready. Expression very anxious. During the night he had been sick several times, the vomited matter being distinctly faecal. There was no distension of the abdomen and no rigidity of the abdominal muscles. He complained of slight pain, most marked in the region of the umbilicus, and there was general tenderness upon pressure. No fulness or swelling could be felt on palpation, though there was gurgling on pressing over the right iliac fossa. Dr. Wilkinson examined the patient with Mr. Southam, and, though the nature of the obstruction was obscure, it was resolved to explore the abdomen, in spite

of the fact that the patient's condition was not favourable for any operation.

May 9th. Laparotomy was performed by the usual median incision. On introducing the finger into the abdomen a small mass of enlarged glands could be felt deep down in the middle line, at a point on a level with the umbilicus. There was no evidence of peritonitis, but constricted by a narrow band, which ran from the vicinity of the glands to an adjacent portion of the mesentery, was a congested coil of small intestine several inches in length. The band was easily broken down with the finger, the bowel liberated, and the abdominal wound then closed. The patient made an uninterrupted recovery, the wound being healed when it was dressed for the first time upon the seventh day. There was no sickness after the operation, the bowels acting naturally on the fifth day.

CASE II. Perforative Appendicitis: Diffuse Suppurative Peritonitis: Abdominal Section: Death.—W. S., aged 16, was admitted on March 15th, 1893, suffering from symptoms of obstruction of the bowels. Six days previously, being in perfect health, he went to his work as usual, the bowels having acted naturally the same morning; in the course of the afternoon he was seized with pain in the abdomen, followed by sickness, which continued till admission. When he came under observation on the sixth morning after the first onset of the symptoms, there had been no action of the bowels and no passage of flatus for six days; the pulse was quick and wiry, and the temperature was normal; his face had the characteristic expression typical of acute peritonitis. The abdomen was slightly distended, the abdominal muscles being very tense and rigid. There was general tenderness on pressure, not more marked over the right iliac fossa. No perceptible fulness or localised swelling could be distinguished at any part, and an examination by the rectum gave negative results. The vomiting continued, but had not become faecal. As the symptoms were those of complete obstruction, accompanied by acute peritonitis, it was resolved to explore the abdomen in the hope that some condition might be found capable of relief by operation. On opening the abdomen in the median line there was an escape of fetid pus, which welled up from all parts, but especially from the right iliac fossa. The intestines were congested and matted together by deposits of lymph, most abundant in the neighbourhood of the caecum. The peritoneal cavity was thoroughly irrigated with hot boric lotion, and a large glass tube inserted in order to provide for drainage. The patient never rallied from the operation, and died the following day. At the necropsy pus was found diffused throughout the entire peritoneal cavity, and in many places there were distinct collections of pus encysted between adjacent coils of intestine. On examining the appendix a perforation was found close to its origin from the caecum, and lying outside it there was a small hard concretion which had evidently ulcerated through its walls.

REMARKS BY MR. SOUTHAM.—Case I is a good example of the advisability of exploring the abdomen in cases of intestinal obstruction which have resisted treatment, and it illustrates well the success which usually attends surgical interference when not employed too late and when the obstruction is due to a mechanical cause which can be removed by operation. An interesting feature in Case II, where the obstruction was the result of paresis of the bowel, was the absence of any history or of any local signs to indicate that the vermiform process was the part primarily affected. It also illustrates the rapidity with which pus may form as well as the unsatisfactory results which so often follow surgical interference under these circumstances; for though the abdomen was opened on the sixth day after the first onset of symptoms and immediately after the patient's admission into hospital it was practically impossible to thoroughly drain the peritoneal cavity, as, in addition to the diffuse suppuration, there were numerous collections of pus encysted between coils of intestine.

MR. H. FRAZER HURST, of Walker-on-Tyne, has been appointed to the Commission of the Peace.

THE Croydon County Council have resolved to erect a new fever hospital in the borough at a cost of £23,000.