

SANATORIUM TREATMENT.

To the Editor of THE LANCET.

SIR,—I should like to add one or two remarks to your annotation in THE LANCET of Nov. 14th on Professor Bang's paper on sanatorium treatment. It is not always possible to classify pulmonary tuberculosis or the results of its cure under different stages of the disease. Patients do not generally present a clear-cut, a well-defined first, second, or third stage when they come for treatment. The first stage often merges into the second, the second into the third. Even the classification into early, moderately advanced, and advanced stages may prove incorrect or misleading, as what one physician would consider early, another would call moderately advanced, and so on. Patients have been sent to me as early cases when they were really incurable and had to be sent home after a few days. Nor can the results of sanatorium treatment be tabulated according to the number of lobes involved, as a patient with four lobes slightly affected would be likely to get well, while another with only two lobes seriously diseased might succumb. Besides, as Dr. E. E. Prest pointed out in your last issue, very few patients are admitted into the sanatorium really in the first stage in spite of the Notification Act. No two patients are alike in the condition of their disease or in the extent of their cure. So that the present method of classification of sanatorium results is open to many fallacies which are apt to vitiate statistical figures brought forward to prove the efficacy of the treatment. In giving my results of sanatorium treatment published in my book on "Pulmonary Tuberculosis," I adopted a more practical plan and classified according to whether the patients sufficiently improved to return to work or not.

I agree with Professor Bang when he says that the results of some early cases are disappointing, while some advanced cases astonish one by getting well. Though the reason for this is rather obscure in a small number of cases, it is not difficult to explain in many others. Patients in the first stage handicapped with poor resistance and vicious surroundings often do badly, whereas those in the second stage with plenty of reserve vital powers do well and keep well. Again, it frequently happens that some patients apparently slightly affected think that there is very little the matter with them and do not carry out the treatment earnestly, but at the very first sign of return of health leave the sanatorium and take to their old ways and unhygienic lives when they get home, with the result that many of them relapse. But others though in an advanced stage, having suffered, and realising that their future as bread-winners depends upon the restoration of their health, do everything possible to get well and persevere in the treatment till they succeed. Also, as Dr. Prest has shown, many mild cases which are treated at home in a half-hearted and inefficient way drift into a chronic state, and when they do enter a sanatorium afterwards as first-stage cases do not make a satisfactory progress. So that the results of sanatorium treatment have more to do with such factors as the patient's resisting power, his perseverance, his means and his after-care, &c., than merely with the first, second, or third stage of the disease. When these factors are ignored or not taken into calculation, one is

liable to blame the sanatorium treatment unjustly for any of its failure.

I am, Sir, yours faithfully,

Mendip Hills Sanatorium, Wells, Dec. 1st, 1914. C. MUTHU.

COAGULOSE.

To the Editor of THE LANCET.

SIR,—We observe that in some newspapers a statement appears regarding what is called a recent medical discovery by Professor Kocher, of Berne, who has introduced a substance called "coagulen," which coagulates the blood and instantly stops bleeding when applied to a wound internally or externally.

May we mention that the coagulating principle, or fibrin ferment, of the blood was isolated some years ago by a British scientist, Dr. G. H. A. Clowes, with whom was associated Dr. F. C. Busch, these two gentlemen working in the New York State Medical Research Laboratory, Buffalo. The preparation received the name of "coagulose," and it has been on the British market for more than a year. Immediately after war was declared Dr. Clowes, who happened to be in this country at the time, interviewed a number of medical men connected with the War Office, and he donated to the War Office a supply of coagulose, so that it might be employed in the hospitals where the wounded soldiers are being treated. We have reason to know that it is being used in some of these hospitals, and that it is producing excellent results.

While this does not in the least detract from the merit of Kocher's discovery, common fairness warrants us in asking you to make it quite clear that the announcement of this discovery was anticipated by at least three years by an Englishman working in America.

We are, Sir, yours faithfully,

London, W., Nov. 26th, 1914. PARKE, DAVIS, AND CO.

* * An annotation in THE LANCET of April 11th of this year entitled "A New Physiological Hæmostatic" may be consulted.—ED.L.

THE NATIONAL INSURANCE ACT.

MEDICAL TREATMENT OF INSURED PERSONS CALLED UP FOR SERVICE WITH HIS MAJESTY'S FORCES.

THE Insurance Commissioners, in response to requests for information as to the medical treatment during the war of insured persons who belong to the Naval or Army Reserve, or to the Territorial Forces, or have enlisted in the New Army, have issued a memorandum for the use of medical practitioners. This states that such persons generally are regarded as serving sailors or soldiers from the moment at which they are called up, or enlisted, and accepted for service until disembodiment or discharge. During this period they are not entitled to medical or sanatorium benefits under the National Insurance Acts, and accordingly no liability for their treatment rests on the panel practitioners by whom they have been accepted. The position of such persons is not affected by the fact that they may be permitted temporarily to continue to reside at home, even though they may be concurrently engaged in civil employment. An insured person who has been sent home owing to illness, or in consequence of having been wounded, must also be

regarded as a serving sailor or soldier until the date of his discharge.

A member of the Naval or Army Reserve, Territorial Force, or New Army, who, while not entitled to treatment under the National Insurance Acts, applies for treatment to a practitioner on the panel or to an Insurance Committee, should be dealt with as follows:—

1. A member of the Naval Reserves should be referred to the naval surgeon and agent, if there is one in the district, and in the absence of a naval surgeon and agent should be directed to make his own arrangements with a qualified civil practitioner for treatment. In the former case the surgeon and agent will receive his fees from the Admiralty; in the latter the patient will be responsible for settling the doctor's charges, but will be eligible to receive sick allowance under the King's Regulations and Admiralty instructions on making application for the same through his commanding officer.

2. A member of the Army Reserve, Territorial Force, or New Army on furlough should be referred to the officer commanding the nearest military station, who in every case will communicate with the Assistant Director of Medical Services of the area in which the soldier is temporarily residing. In case of emergency, or when a soldier unfit to travel resides at a distance from a military hospital, the soldier may apply to a civil practitioner to whom he will show his furlough paper, and who will be allowed to charge for attendance at the rate laid down under Army Regulations (A.F. O. 1667), provided that the soldier immediately reports to the officer commanding the nearest military station, as directed above.

Upon discharge, or, in the case of a member of the Reserve or Territorial Forces, upon the demobilisation or disembodiment of these forces, the insured person will again become entitled to medical benefit under the National Insurance Acts (unless otherwise disentitled); and he will then be entitled to make a selection of the method by which he desires to obtain treatment as though he had newly entered into insurance. In such cases where an insured person on return from service takes up a new residence, the arrangements which are already in existence for "removals" and "temporary residents" will apply.

THE STATUS OF MEDICAL PARTNERSHIPS UNDER THE INSURANCE ACT.

At a recent meeting of the Panel Committee for the County of London the Panel Service Subcommittee submitted the opinion of counsel (Mr. F. Gore Browne, K.C.) upon questions laid before him as to the legal position of the members of a firm or partnership of medical practitioners under the Insurance Act. In substance Mr. Gore Browne advised that a firm or partnership is not a separate entity at law, that the Act contemplates arrangements with individual practitioners only, and that any agreement purporting to deal with a firm as such would be irregular. He was of opinion that "the arrangements with the respective members of a firm might be embodied in a single agreement, but the right of the insured under Section 15 (2) (c) to select a practitioner would give him the right to select which partner he chose, and the agreement would have to contain a provision to that effect—the agreement would not be a joint agreement in this case, but a number of separate agreements included in one document." Further, a committee could not be called upon to agree with a firm as such or with its respective members in one document, and can insist upon arrangements already made being so far modified as to make them comply with the Act. He also said

that the Acts and Regulations do not deal with partnership cases, so that changes in partnership are not matters of which notice to insured persons treated by members of a partnership can be insisted on by a committee. It need hardly be said that Mr. Gore Browne is a member of the Bar whose advice carries all the weight attachable to "counsel's opinion."

EXCESSIVE COST OF PRESCRIPTIONS.

The Pharmacy Committee of the London Panel Committee has had before it 40 cases in which representations have been made by the Pharmaceutical Committee alleging excess in the cost of drugs and appliances prescribed. In five cases no investigation was made owing to the medical practitioners affected being absent from their practices on military duty. In 17 cases it was found that there was excess, in 9 that there was not, and in the remaining 9 that the period under review (April 12th to 30th, 1914) was not sufficiently extensive to enable the subcommittee to decide whether the cost of the drugs and appliances ordered by the practitioner was or was not in excess of what was reasonably necessary for adequate treatment of his patients.

INSURANCE WORK WHEN THE WAR IS OVER.

At a meeting of the West Sussex Insurance Committee the Rev. W. D. Yoward, chairman, called attention to the changed conditions with regard to the working of the Insurance Act likely to prevail when the war is over, and a resolution was carried inviting the National Association of Insurance Committees to take steps to prepare beforehand for what might be expected. It was suggested that as a result of the war thousands of men now serving or about to serve are likely to return and again become insured persons with greatly impaired health. This would mean that a much larger number of persons would probably require the benefits of the Act during a period following demobilisation than would have been the case upon the normal actuarial basis, if there had been no war. The strain in such an event would be felt by the committees and approved societies, and among those who would be affected would be the medical practitioners and the druggists. The question is one of importance, and will no doubt claim and receive the attention of the Government when it arises, but discussion preceding the necessity for immediate action will do no harm. In the discussion on the occasion referred to it was pointed out that a proportion of the incapacity due to the war would necessarily be met as such by the Government independently of insurance.

UNIVERSITY OF LONDON.—The Paul Philip Reitlinger Prize, offered this year for an essay embodying the result of research work on a medical subject, has been awarded to Alfred Hope Gosse, M.A., M.B. Camb., M.R.C.P., London Hospital Medical College, for an essay on "The Heart in Acute Rheumatism with Special Reference to Graphic Methods of Investigation." The prize, this year of the value of £40, was founded with funds given to the University by Mr. Albert Reitlinger in memory of his son, a student of St. George's Hospital Medical School, who died on Dec. 3rd, 1911. Next year the prize will be offered for the best essay on "The Economic Condition of the People of England in 1815 in Comparison with the Present Day."