Groves and Walker Hall: *Proc. Roy. Soc. Med.*, vol. ii, 1909, Part III, Surgical Section, p. 121.
Huber: *Deut. Arch. für klin. Med.*, Bd. 47, 1891, S. 495.
Laidlaw and Ryffel: *Journal of Physiology*, vol. xxxvi, 1908, p. 47.
Leube: *Deut. Arch. für klin. Med.*, Bd. 10, 1872, S. 1.
Munk and Rosenstein; *Virchow's Archiv*, Bd. 123, 1891, S. 484.
Mutch and Ryffel: *Guy's Hospital Reports*, 1912, vol. lxvi, p. 223.
Plantenga: Diss., Freiburg, 1898.
Reach: *Archiv für exp. Path. u. Pharm.*, Bd. 47, 1902, S. 231.
Sharkey; *Lancet*, 1906, ii, p. 1263.
Umber: *Berl. klin. Woch.*, 1905, No. 3, S. 56.

THE EXPERIENCES OF A MEDICAL ADVISER UNDER THE INSURANCE ACT.

BY

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IT may be of interest to Insurance Committees who are considering the advisability of appointing a medical adviser, and to the profession generally, if I give a short account of my experiences in that capacity, based on the first hundred cases sent to me for my opinion. The duties that have been imposed upon me are to see and examine any insured person sent either by a medical man or by one of the friendly societies, and to report to the Insurance Committee my opinion as to whether the person sent is fit or not to work; perhaps it may be put thus—to decide whether a person complaining of certain symptoms and alleging that he or she is unfit to return to work, is fit. On my decision depends the payment of or refusal to pay sickness benefits, as far as regard the friendly societies, while it relieves the doctor of the unpleasant duty of refusing to sign any more sick certificates, an act which often makes him very unpopular in his district, as the matter is soon spread abroad.

My appointment dates from February 12th, but the doctors and the societies did not at first seem to appreciate the post, or perhaps to understand in what manner I might be made use of, for in the first few weeks no cases were sent to me. When they did, there was no mistaking the fact, as the cases came rolling in, so that by May 15th one hundred had been told off to come to me. The exact figures are: From March 5th, the day of my first case, to the end of the month, 22; in April, 50; while the remaining 28 came in the first fifteen days of May. Since then I have had 64 more, so that the number for the last four weeks is greater than any preceding four.

It must be remembered that there is nothing in the Act to compel any one to come; an insured person receiving a letter telling him or her to come to my house for examination can ignore it. No doubt they think it part of the Act, and fear some penalty if they neglect the order. Of course, they run the risk of having further payments refused by their society, and a few do abstain from coming or giving any reason for not appearing. On the other hand, many express their wish to be examined and seem to look on a visit to me as a sort of consultation on their case. So far I have not had any difficulty with any one. I have had an abusive letter from one alcoholic person whom I reported as fit to work, but that is the only case, though no doubt several have not been best pleased with my decision. I am confident if one treats these people with courtesy and does not charge each and every one with being a malingerer that unpleasantness will be the exception; they may not like my report, but I hope they recognize that my opinion was come to fairly and after duly weighing the facts they gave me. This want of power to compel an examination by a doctor specially appointed should be altered, in my opinion, and the Act made uniform with the Workmen's Compensation Act. My duty is not to act as a consultant, as is generally understood by that term, but merely to decide whether or not a person is fit to work.

The method is as follows: All references, whether from a doctor or a friendly society, for a person to come to me, are sent to the office of the Insurance Committee. The doctors have a printed form something like that used for the notification of infectious diseases; the societies write a letter to the clerk. All these references are telephoned to me and I give instructions on what day the person is to be told to come to see me and the hour. Generally I fix the next day, for I look on all cases as urgent, and I see them all at my house. I have had a little grumbling about this, as it often involves a long tram journey and the expenditure of some pence, which I fear some can ill afford; but as long as the post is a part-time one, my convenience must be considered both as regards time and place, though I am willing to make such arrangements as are possible for the insured persons. The question whether this post should be a whole-time one has been considered, and at present we in Bristol are not in favour of it being so, and for the following reasons: First, we are not too fond of the official doctor; secondly, we prefer to have one of ourselves in the position of adviser, and (though I say it of myself) one who is acceptable to the local profession; thirdly, the salary must be sufficiently large to make it worth the while of a medical man of some position and standing to give up his private work, for it is no light matter to ask a doctor to throw over his friends and patients after many years of attendance; there must, too, be some fixity of tenure, for the holder of the post cannot render himself liable to be turned out at the caprice of the Insurance Committee to pick up what shreds of practice he can gather after being for some years out of private work; and, lastly, there is the question of a pension. My salary is at present paid out of the local funds, but this may be altered if the Commissioners will take it over.

On the receipt of a note giving the name, address, and detail of the insured person, and the name of the doctor in attendance, I write to the latter and ask if he wishes to communicate anything to me about his patient. I generally get a letter or message giving me much useful information, which is of very material help to me. When the case has been referred by a doctor, this is not necessary, as a few notes are made on the notification paper. This, of course, involves a great deal of letter writing, for I always write to the doctor again after seeing the insured person to tell him what decision I have come to. There is, further, the report to the Committee. This latter body sends my report to the society the insured person was in.

Coming now to my figures, my hundred consisted of 43 males and 57 females, on whom the following reports were sent:

Males.

Reported as fit...	23
Reported as unfit	7
Reported as not coming for examination ...	6
Reported as Workmen's Compensation cases ...	6
Reported as too ill to come and wrong address...	1
	43

Females.

Reported as fit...	20
Reported as unfit	25
Reported as not coming for examination ...	9
Reported as unclassified	3
	57

One or two remarks may be made on these tables. I find that some doctors do not recognize that I have, in my capacity as medical adviser, nothing to do with Workmen's Compensation cases. The distinction is easily made, for if a workman is in receipt of pay from his employer for an accident received in the course of his work, then the Insurance Act does not come in, though the man may be in receipt of pay from his club. The unclassified cases are as follows:

1. The woman received an accident between the time of reporting her to me and the time she was told to come.
2. The officious action of a health visitor.
3. A case in which I had some correspondence about the action of a doctor in refusing to give a certificate for more than one day.

So far the friendly societies have made more use of me than the doctors, as they have sent me 59 and the latter 41. In my second hundred, as far as I have gone, this disproportion is more marked, for out of 64 the doctors have only sent me 6. Some societies are very active, partly, no doubt, because they have a much larger number on their books than others, but in the first hundred two societies sent me 15 each. Sufficient care is not exercised yet in referring the cases to me, for I have had several who were obviously too ill to work, but as I found 43 fit out of 100 and only 32 unfit, there is not much to complain of.

The number of malingerers is very small; all have had

some ailment, and many for various reasons are disinclined to go back to work, or in some cases, having lost their job from sickness, to find another. From every person I inquire what wages they were receiving when at work, and one can see without much trouble how little inducement there is to go back and work hard for perhaps 6d. or 1s. a week more; one youth told me he only got 6d. more when at work, and with many women the difference is only 2s. 6d. a week. I will quote one case of this kind, but the young man gave himself away. His work was to take pastry round on a cycle with a side car to houses in the vicinity of his master's shop. He had an attack of influenza some weeks before he came to me, and his complaint was that he could not ride the cycle as it caused pain in his side. His chest revealed nothing at all, but he had unfortunately forgotten to take the clips off his trousers when he came into my consulting room, and on my charging him with having cycled from his home about four miles off, he admitted it, excusing himself by saying he walked up all the hills. Those who know Bristol will see that he must have walked nearly all the way, if he was truthful. He was reported as "fit for work." The difference between his receipts in work and out was only 6d.

THE "CONTROLLED" USE OF NEW TUBERCULIN IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

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In a recent issue of this JOURNAL[1] Dr. E. E. A. T. Rigg published the results of his observations on the effects of new tuberculin on the physical signs of pulmonary tuberculosis. His cases were free from fever except when they reacted to tuberculin. My observations at the Brompton Hospital were carried out not only on cases which were afebrile, but also on cases which were intermittently febrile—that is, they sometimes had fever and sometimes were free from it—and also on some cases where there was spontaneous fever throughout. A further point of difference was the limitation of the dose of tuberculin to just those quantities which fell short of producing any febrile reaction, the object being to preserve complete parallelism between the tuberculin-treated cases and those not treated with tuberculin which were used as controls. As Dr. Rigg cogently remarked, his cases treated with tuberculin, by reason of the doses used and the reactions following them, were put at a disadvantage, as they were kept in bed, whereas the control cases were, throughout their stay in the hospital, able to be up all day and to take exercise in the grounds of the hospital.

I have had under observation in all 22 cases. These, whether controls or not, were watched for three months, with the exception of one or two which were under supervision for a fortnight or so less than that period. As in Dr. Rigg's report, no final decision can be said to have been arrived at, because both his and my own cases were limited in number, and the period of observation was only three months. I have, however, published my results, because notwithstanding these drawbacks the report has this advantage, that it concerns individuals who have been under close observation; and, further, it may encourage others who have access to cases for more considerable periods to carry out similar investigations. By this means a larger number of cases may be tested, sufficient to afford a reasonable conclusion as to whether tuberculin favourably influences the local manifestations of pulmonary tuberculosis as judged by physical signs.

My 22 cases include:

Afebrile cases	5
Intermittently febrile	12
Continuously febrile	5

It is unfortunate that the number of afebrile cases is so small. This is accounted for by the fact that the class of case now admitted to the hospital is different from that when Dr. Rigg held office, and also that the opportunity of sending afebrile cases to the Brompton Hospital Sanatorium at Frimley was greater. It is also unfortunate that the cases which were afebrile and those which were continuously febrile are represented by odd numbers. This can be explained by the fact that cases which at the beginning of my observations fell into one or other of the above categories had to be transferred to another because of spontaneous changes in temperature.

Another difficulty with which I have had to contend is that the dosage had to be very small, and the advances in the doses very tentative, lest fever—that is, reaction—should be produced. Indeed, in some cases, a rise of temperature did follow some doses. Whenever the rise persisted in afebrile cases, these were referred to one or other of the remaining categories, but when a rise of temperature was of short duration (twenty-four to thirty-six hours only) I retained them in the afebrile list, and, profiting by the experience, did not increase the dose, or repeated it after a longer interval than the usual two days.

Dosage.

In the afebrile cases the minimum dose was 0.00001 mg. of T.R. and the maximum 0.03 mg. In the intermittently febrile and the continuously febrile the minimum was 0.000005 mg. and the maximum 0.005 mg. (reckoning on the basis that 1 c.cm. T.R. contains the insoluble bacterial matter of 10 mg. of tubercle bacilli). Not every case received the above maximum. Something less was given as a maximum in cases in which it was not advisable to push the dose.

Criterion.

All cases had tubercle bacilli in the sputum, and had definite physical signs at the commencement of observation. They were all examined by Dr. Batty Shaw at the beginning and at the end of the period, and sometimes also between these limits of time. I also examined the cases at these times, but in addition made examinations once a fortnight. By this means it was possible to reduce to a minimum of error those spontaneous changes in râles which occur in the chests of tuberculous and non-tuberculous subjects alike, because when it could be seen that the signs of the final examination were not, as it were, the finale of a crescendo or decrescendo movement of the râles, re-examination and adjustment were made.

No reference was made to the notes of the previous examination, until the present physical signs had been estimated. Differences between the results as obtained by Dr. Batty Shaw and by myself, when they occurred, were met by re-examination and agreement.

The Controls.

These were chosen by lot from among the 22 cases at the commencement, as was done by Dr. Rigg. The patients were aware of the nature of the investigation and its purpose.

Results.

The results were as follows:

	Improved.	*In statu quo.*	Worse.
1. *Afebrile Cases* (5 in all) Treated with tuberculin ...	1	1	0
Without tuberculin	0	2	1
2. *Intermittently Febrile Cases* (12 in all) Treated with tuberculin ...	2	4	0
Without tuberculin	3	3	0
3. *Always Febrile* (5 in all) Treated with tuberculin ...	0	0	3
Without tuberculin	0	0	2

Putting these 22 results in a different form:

A. Of 6 cases which improved, 3 had been treated with tuberculin, 3 had not.
B. Of 11 cases which remained *in statu quo*, 5 had been treated with tuberculin, 6 had not.
C. Of 5 cases which were worse, 3 had been treated with tuberculin, 2 had not.

Comment.

As already mentioned, the cases are too few to allow of a final deduction being made, nor is this intended in the