actuaries and leave the question of medical attendance absolutely open? The physician would be pleased to know that his patient is being well compensated during illness, giving reasonable assurance of payment for medical and surgical services in many cases in which without insurance no payment whatever would be expected. If home or hospital care be called for, that too might be provided for in the act by a more generous compensation, commensurate with the needs of the case.

The act might still provide for the appointment of official medical examiners or diagnosticians to protect insurance funds against malingering and conspiracy.

I have read any quantity of discussion on the question of health insurance, but so far have seen no measure offered which does not in some way propose to regulate medical practice.

As an afterthought, it does not seem practicable to attempt, as this measure obviously does, broadly to regulate or restrain quackery and malpractice by this indirect means. If quackery remains a problem in spite of present legislation, surely it will not be controlled by any form of health insurance legislation.

Joseph S. Lewis, M.D., Buffalo.

Another Scheme for Health Insurance

To the Editor:—Allen County, Kansas, has had a good deal of trouble regarding the care and compensation for the county poor. Last December I was elected president of the county medical society, and immediately proceeded to put in operation a plan which seems to have solved the problem satisfactorily to every one. I contracted with the county commissioner to care for the pauper practice for a fixed sum per month. As county health officer, all calls come to my office. They are then distributed among the members of the society. We have a scale of points, and each county service is counted so many points. The accompanying card is issued for each patient, and the funds are divided according to the points received by each physician.

J. S. Sutcliffe, M.D., Iola, Kan.

ALLEN COUNTY MEDICAL SOCIETY

This card entitles.....
or family, Residence.....
to free medical treatment for one week from date. Should further treatment be required, a new order must be obtained from
Date..... .....
COUNTY HEALTH OFFICER

This is to Certify that I have rendered the following services to .....
Diagnosis: .....
State nature of services rendered and dates.....
.....
Number of points to be filled in by Secretary.....
Dr.....

Note: This card must be presented to the secretary of the medical society not later than three days after the regular meeting, following above dates; otherwise no credit will be allowed.

Bacterial Findings and Their Relationship to Pyorrhea Alveolaris and Interstitial Gingivitis

To the Editor:—In an article on this subject (The Journal, Feb. 10, 1917, p. 414), Dr. A. W. Lescohier made a reference to my article on the subject which needs some explanation.

According to Dr. Lescohier, there appears to be a difference in the bacterial findings in chronic alveolar osteomyelitis (pyorrhea) reported by me and those reported by other observers: my findings would place the pneumococcus as the predominating organism in pyorrhea, while the other observers report the streptococcus to be the predominating organism found.

The fact in the matter is that the organisms found by me and referred to as pneumococcus in chains or *Streptococcus lanceolatus-pneumoniae* are one and the same organism found by Brown and those reported by Hartzell and referred to by them as the *Streptococcus viridans*. The difference comes in, not in the findings, but in the nomenclature of the streptococcus. In an article entitled "Opsonic Therapy in Pyorrhea Alveolaris" (*Boston Medical and Surgical Journal*, Jan. 13, 1910), I called attention to the reason for my referring to those diplococci in chains as pneumococci in chains or *Streptococcus lanceolatus-pneumoniae*. I then gave the following two reasons for referring to them as pneumococci in chains which I wish to repeat here:

1. The individual diplococci making up the chain have their long diameter corresponding to the long diameter of the chains, while the true *Streptococcus pyogenes* has the long diameter at a right angle to the long diameter of the chain.

2. The chains after being shaken up for purposes of standardizing the vaccine were found to be broken up readily into their constituent diplococci, appearing morphologically like typical pneumococci, while the chains of the true *Streptococcus pyogenes* cannot be broken up readily, if at all.

In my article to which Dr. Lescohier refers, I have always spoken of the pneumococcus as found in this disease as the *Streptococcus lanceolatus-pneumoniae* or pneumococcus in chains. To my mind the *Streptococcus viridans* of other authors as reported found in this disease is nothing more than a streptococcus approaching the pneumococcus type rather than the true *Streptococcus hemolyticus* or *Streptococcus pyogenes*. Rosenow's transmutation of the true streptococcus into a true pneumococcus, and vice versa, further emphasizes the close relationship of the two organisms.

I trust that this will definitely explain that we are not finding different organisms in chronic alveolar osteomyelitis (pyorrhea alveolaris), but rather that some observers prefer to call the same organism *Streptococcus viridans* while I preferred to call it pneumococcus in chains.

Leon S. Medalia, M.D., Boston.

Practices of Reserve Medical Officers in Time of War

To the Editor:—Should the country ever be engaged in war, the Medical Department of the Army, in calling reserve officers to the colors, wishes to cause as little hardship and sacrifice to the reserve medical officers as may be consistent with the needs of the country. With this end in view, the department desires that you bring to the attention of the profession at large the necessity of the city, county and state medical societies organizing for the purpose of taking care of the practices of the officers of the reserve who respond to a call for service. In England this plan has proved of great benefit. The idea of the department is that the profession should organize on a similar basis.

For example, should Dr. Jones be called to the colors, the local medical society, through its members, would take care of his practice during his absence. On his relief from active duty, his practice would be returned to him intact. Such a plan will cause no unnecessary hardship on the officer responding to a call for service, while the absence of such a plan would penalize the officer who gives his service to the country in a crisis. The department appeals to the patriotism of the profession to protect the interest of those of the profession who may be called to duty in war.

Robert E. Noble, M.D., Washington, D. C.
(For the Surgeon General.)
Major, Medical Corps, U. S. Army.

Long Nitrous Oxid-Oxygen Anesthesia

To the Editor:—In The Journal, Feb. 17, 1917, under this caption, Dr. J. R. McCurdy says, "As far as my search of the literature has disclosed, there is no case on record as long as the one herewith reported—four hours and forty minutes."

In *Surgery, Gynecology and Obstetrics*, December, 1913, p. 759, I said, "I have administered it (nitrous oxid-oxygen) in point of time from a few seconds to over five hours." The "over five hours" was five hours and five minutes, to be exact. I did not report this case in detail, as there was nothing special about the anesthesia except its length, and Gatch had previously reported a case almost as long—five hours (The Journal, Nov. 11, 1911, p. 1593).

R. C. Coburn, M.D., New York.