INSURANCE AGAINST SICKNESS IN EX-SANATORIUM PATIENTS.

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THE average patient suffering from pulmonary tuberculosis has, without efficient after-care, only a poor chance of retaining his health after discharge from the sanatorium. Hitherto after-care has been crippled by lack of funds. To look to the State at the present time for financial help in the way of a subsidy for the civilian ex-patient is hopeless, and every other possible aid is worthy of critical examination. The class here dealt with—namely, those whose working capacity is more or less completely restored by treatment—have less claim on the State or on outside assistance than those in worse case, and require usually no more than guidance and instruction in self-help to tide them over the first two or three years till they become more or less good lives. To encourage employers of labour to engage ex-patients in suitable occupations without imposing a financial burden on them, and to take early, and by timely treatment to cut short slight relapses, while assuring for the ex-patient a sufficient income for the maintenance of himself and his dependents during his relapse, it is suggested that much more should be done to organize self-help by means of insurance among ex-patients. It is true that they are second-rate lives, and they must bear the burden among themselves, but the writer is satisfied that a large number of ex-patients would be willing to forgo immediate advantage for ultimate gain. If there were less difficulty in placing such persons in new and healthy occupations or situations, doctors would be more ready than at present to advocate change to healthier occupations, and patients more ready to follow this advice.

Barnes estimates that employment at a sanatorium increases the expectation of life of tuberculous persons by 25 per cent.¹ If, as is quite probable, this is true, it follows that all sanatoria ought to be staffed with the tuberculous, provided that the service given equals in quality that of healthy employes. Most people would agree that the more intelligent service given by a tuberculous staff more than makes up for the inconvenience caused by occasional breakdowns.

The main idea is that a group of tuberculous persons employed by an institution should form themselves into a benefit club, to the funds

¹ See *American Review of Tuberculosis*, vol. iii., p. 491.

of which they would contribute by weekly deductions from wages when in health, and from which they would draw, during temporary breakdown of health, sufficient benefit to maintain themselves and their dependents. The tuberculous man, relieved of anxiety regarding the maintenance of his family during his disablement, would seek treatment promptly and would be willing to devote sufficient time to secure his restoration to health. This method of insurance would be independent of, and supplementary to, National Health Insurance. While it could be best applied in the case of an institution, it might also be applied to a group of tuberculous persons employed in a business—say the staff of a golf-course—and even possibly, though with greater difficulty, to a group of persons scattered through many businesses. In the latter case the local After-care Committee might act as the administrative centre.

The tuberculous ex-patient's income during sickness ought to fall very little short of that during health, hence the premiums would naturally be high. Their amount would depend on the probable sickness rate, which can only be found by experience, and is now being investigated by a committee of sanatorium superintendents. An arbitrary figure would first be taken, which might be expected to do a little more than cover the anticipated excess of sickness over the average sickness rate provided for by the National Health Insurance Act. Suppose the excess sickness rate is taken at 10 per cent.—that is, an average period of incapacity due to tuberculosis of about five weeks annually—in order to insure full benefit, a deduction of 10 per cent. would be made from every member's wages during employment. It is assumed that in a club of this sort administrative expenses would be trifling. A certain reserve fund would at first have to be raised by denying entrants to the club any right to draw benefit during the first two or three months of their membership, and, to keep the fund solvent, some limit, such as three months, would have to be made to the period during which a member could draw benefit in any one year. If at the end of the year there were a surplus to the credit of the fund, this might be distributed, subject to maintaining the reserve fund, among members in proportion to their stake in the fund. If the excess sickness rate exceeded 10 per cent., premiums would have to be increased or benefits reduced. Such a scheme would naturally be managed by a committee on which the members, as well as the employer, would be represented. In the case of an institution it is suggested that the medical head be the chairman. In case of disputes—as, for example, to prevent doubtfully tuberculous persons from being exploited or unsuitable cases from being engaged—the local tuberculosis officer might act as independent referee. It is believed that even with such high premiums as 10 per cent. of earnings, the more intelligent

type of ex-patient would gladly join such an insurance scheme in order to secure healthy employment, and without materially reducing the standard of living of his family. Many minor details require to be worked out, and the scheme has only a limited application. Even so, however, it is better than no attempt at all to provide for the insurance of the tuberculous.

"IN THIS SIGN": A STORY OF THE TUBERCULOSIS CRUSADE OF THE DOUBLE BARRED CROSS IN THE UNITED STATES.

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WHEN Dr. Edward Livingston Trudeau discovered in the early eighties that tuberculosis could be cured by the application of the principles of right living, with rest, fresh air, and good food, the American tuberculosis crusade of the double-barred cross was launched. The crusade was without an emblem until, in 1905, after the National Tuberculosis Association had been formed, the double-barred cross, the symbol of international warfare against the white plague, was adopted as the sign under which the American crusade should be carried on. "*In this sign*" the fight against tuberculosis in the United States is being waged, and "*in this sign*" the leaders in the fight believe that this disease, which to-day takes a greater toll in death and sickness than any other single disease in America, will be conquered. The story of the American crusade of the double-barred cross as organized under the leadership of the National Tuberculosis Association may be concisely summarized as follows.

The History of the Crusade epitomized.

From small beginnings the campaign against tuberculosis in the United States has developed in the last fifteen years to one of the strongest and best organized social and public health movements in the world. The National Tuberculosis Association and its affiliated agencies, so prominent European authorities say, is to day recognized as a model for organization and efficiency everywhere.

For those who desire the story in a nutshell, the tuberculosis campaign in the United States may be epitomized in three paragraphs: