replaced for a further two minutes, after which four of them read 98°0' and one 97°6'. The clear duty of every conscientious practitioner is obvious—namely, to test every clinical thermometer he buys, in regard both to the accuracy of its graduation and to the time taken in reaching the temperature of the surrounding medium.

I am, Sir, yours faithfully,
PHYSICIAN.

Nov. 8th, 1913.

*** These observations agree with the conclusions published in our issue last week. We then wrote: "For really accurate observations the 30 seconds thermometers give, generally speaking, more satisfactory results when they are incubated for more than 30 seconds, and according to the above experiments an incubation of a period of two minutes records the practical truth."—ED. L.

THE MEDICO-PSYCHOLOGICAL CLINIC.

To the Editor of THE LANCET.

SIR,—It has been impossible to ignore the press notices of the inaugural meeting of the Medico-Psychological Clinic. It is distressing to the committee to find that a great deal of misunderstanding has arisen, and we feel bound in justice to ourselves, to the pioneers of psychotherapy, and to the supporters of our movement to dissociate ourselves entirely and absolutely from the occult powers that Lord Sandwich claimed for himself. Lord Sandwich has expressed his sincere regret to the committee for the misunderstanding he has caused, and this terminates his association with the clinic and with the committee.

We profess nothing but ordinary medical knowledge acquired in the ordinary way. We have no gifts or methods not open to every practitioner. It is our belief that the clinic will attract cases of threatened nervous breakdown in a stage at which preventive measures may avert calamity. It will offer a place of study for medical practitioners who wish to acquaint themselves with practical psychotherapy. The whole of the healing art was cradled in superstition. In the minds of many psychotherapy is still tinged with charlatanism, and from this the clinic will help to dissociate it.

We feel sure that the profession will appreciate to the full the difficulties and delicacy of the work we have in hand, the dangers to be avoided and prejudices to be overcome, and we trust that it will join with us in aiding a work which must of necessity be the object of adverse criticism and unavoidable misconceptions in its early stages.

We are, Sir, yours faithfully,
HECTOR MUNRO.
J. M. MURRAY.
JOHN SPENCER.
CONSTANCE E. LONG.

Endsleigh-street, W.C., Nov. 10th, 1913.

THE NATIONAL INSURANCE ACT.

To the Editor of THE LANCET.

SIR,—The figures below are of some interest if they are like those of others practising amongst the insured. The figures will doubtless expand during the winter months, and I reckon the payment we receive will work out at barely 1s. per professional attendance—an inadequate sum. Total acceptances, April 15th, 1078; June 30th, 1136; average per quarter, 1107. For 1107 persons accepted for treatment there were, visits, 187; attendances, 1261.

June 30th to Sept 30th: Average acceptances, 1146; visits, 136; attendances, 1164. Total number of persons who have seen me once or oftener since April 15th, 601, or 50 per cent. of total on my list.

I am, Sir, yours faithfully,
BRIGHTON, Nov. 8th, 1913. CHAS. FRASER.

THE NATIONAL INSURANCE ACT AND MEDICAL REFEREES.

To the Editor of THE LANCET.

SIR,—At the recent meeting of the London Insurance Committee, of which a short report appeared in THE LANCET of Nov. 1st, a recommendation of the General Purposes Subcommittee was considered which seems to me to raise questions of much importance.

The proposal was that the services of medical referees should be made available to Approved Societies desiring advice (1) as to whether an insured person was incapacitated as a result of illness or injury which might entitle him to receive or recover any compensation or wages under the Workmen's Compensation Act, 1906, or under the Employers' Liability Act, 1880, or otherwise as provided in Section 11 of the National Insurance Act, or (2) as to whether the insured person was suffering from a disease caused by misconduct in respect of which sickness benefit may be suspended under the provisions of Section 14 (2) of the Act. It was further recommended that the expenditure involved could be met out of the sum of £1000 authorised for the services of medical referees out of the Benefits Administration Fund.

The recommendation, I observe, met with opposition upon the committee, Mrs. Handel Booth moving that it should be referred back, but was accepted by a majority. It certainly appears to tend to impose upon medical referees duties outside those for the performance of which their appointment has appeared necessary and has been generally approved. Moreover, it seems to me that it would bring them into unnecessary contact with the Approved Societies and to constitute them investigators of matters outside the expression of medical opinion upon questions of disease. As I understand the matter, the contract for medical attendance is between the medical man and the Insurance Committee, and the certificate given by the medical man should state with accuracy the nature of the disease from which his patient suffers. It may be necessary or desirable that a medical referee should consider the accuracy of a statement as to the nature of a disease made in a certificate, and it may also be necessary or desirable that an Approved Society should be sure that its funds are not being depleted by a person who, owing to the manner in which his incapacity came about or his behaviour when under treatment, is not entitled to partake of them. It does not, however, follow that a medical referee should be employed to do more than make sure that a medical certificate correctly states medical facts, where *prima facie* there is ground for suspicion that it does not do so. That the medical man attending a patient should have his attention called to the provisions of Section 11 or Section 14 (2) of the Act in respect of a particular case is not unreasonable. But his explanation or opinion on the question involved should be specifically obtained before a medical referee should be invited to intervene, and the intervention of the medical referee