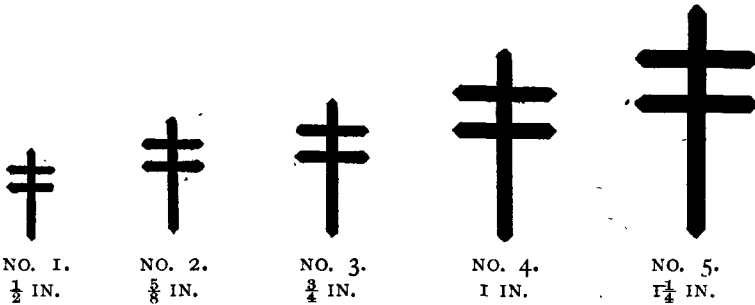


THE DOUBLE RED CROSS TUBERCULOSIS EMBLEM, STANDARDIZED.¹

By HENRY BARTON JACOBS,

M.D.

IT was at the International Tuberculosis Conference in Berlin in 1902 that Dr. Sersiron of Paris suggested the Double Red Cross as a symbol of the tuberculosis campaign. The Greek red cross, since the convention in Geneva in 1863, has been used as the symbol for impartial relief work in times of war and disaster, and has become so important a symbol that in all countries of the world it has given its name to the society giving this particular kind of relief. Dr. Sersiron's suggestion met with a quick response, and was immediately adopted by the Conference as the symbol or sign under which all engaged in the effort to



spread knowledge of tuberculosis might gather. No attempt was made by Dr. Sersiron to prescribe directions for the size or shape of the cross, and so as one after another of the anti-tuberculosis societies have adopted it, various designs have been employed.

In America, with the multiplication of such societies and associations, there came to be a great variety of designs in use. With the idea of having one standard for this emblem, "The National Association for the Study and Prevention of Tuberculosis" appointed a Committee to study the subject and report at the meeting of the Association in Washington in May, 1913. This Committee consisted of Dr. Henry Barton Jacobs of Baltimore, Chairman, Mr. James Min-

¹ This important article, kindly contributed by Dr. H. B. Jacobs, deals with a matter of much interest and importance, and we specially commend it to the consideration of all tuberculosis officers and other workers in the anti-tuberculosis campaign. Full particulars regarding the various sizes of Double Red Cross Tuberculosis Emblems, described and illustrated in this article, may be obtained on application to the National Association for the Study and Prevention of Tuberculosis, 105, East 22nd Street, New York City. In addition to the nine sizes illustrated in this article there are available No. 10, 5 in., and No. 11, $6\frac{1}{2}$ in., but exigences of space have prevented our reproducing these larger sizes.—EDITOR B. J. T.

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nick of Chicago, and Mr. Frank H. Mann of New York, and they made a careful study of all forms of crosses, their significance and their application, and reported as follows, the report being written by Mr. Frank H. Mann at the suggestion of the other two members :

“ Your Committee appointed to consider the design and dimensions of the Double Red Cross as an emblem to be officially adopted by this Association has given the matter due consideration, and unanimously reports in favour of the emblem now in use by the National Association—namely, a double cross with equal cross arms, the upper standard being



NO. 6. $1\frac{1}{2}$ IN.

NO. 7. 2 IN.

NO. 8. 3 IN.

shorter and the lower standard longer than the cross arms, the ends of both cross arms and standards being pointed instead of square. This form has been selected for three good reasons : (1) Because it is farthest removed from any design having a religious significance. (2) Because it is farthest removed from the well-known emblem used by the American National Red Cross. (3) Because its widespread use in this country over a long period of years has associated it in the public mind with the tuberculosis movement. Your Committee has not yet determined upon the dimensions of this design, but are having drawings made for that purpose. We therefore recommend—(1) That the form of the Double Red Cross as described above be adopted by the National Association as the official emblem of the anti-tuberculosis movement in this country. (2) That the details of dimensions be left with power to

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this Committee. (3) That the National Association have cuts of the emblem made in various sizes for sale to anti-tuberculosis organizations throughout the country.

“ Respectfully submitted,

“ DR. HENRY BARTON JACOBS, *Chairman*,
FRANK H. MANN,
JAMES MINNICK.”

NO. 9. 4 IN.

This report was received and adopted at one of the general meetings of the Association, and the Committee continued and instructed to determine upon definite measurements which would permit the cross being made in various sizes, but always in the same form and in definite proportions.

Immediately, through the offices of Dr. Livingstone Farrand, the Executive Secretary of the Association, designs for the standard cross were obtained. The unit of measurement was made the width of the arms, all of which were to be of equal width. The points of the arms were made at angles of 90 degrees. The cross arms were to be 7 units

from point to point, separated from each other by $1\frac{1}{2}$ units, the upper arm $2\frac{1}{2}$ units, the lower leg 7 units, so that the whole upright is 11 units from point to point.

The cross thus described is that design which was unanimously selected from numerous designs presented to the Committee. Its forms and dimensions are not materially unlike the cross which for a number of years has been used by the American National Association for the Study and Prevention of Tuberculosis.

Having determined upon this standard, the Association has had made electrotype cuts of various sizes which can be used for such purposes as are desired—letter-heads, cards, posters, etc. These cuts are to be sold at cost prices to Associations throughout the country, and thus it is hoped that eventually the standard will be accepted and adopted everywhere in this country; and if the standard adopted shall be accepted by other countries, and they may desire to secure the cuts, they will gladly be supplied at their cost. The accompanying illustrations indicate the various sizes that have been made, and are now available.

OBSERVATIONS ON THE WORKING OF “SANATORIUM BENEFIT.”

BY S. VERE PEARSON,
M.D. (CANTAB.), M.R.C.P. (LONDON),
Author of “The State Provision of Sanatoriums.”

I PROPOSE to survey a few of the details and difficulties of managing so-called “Sanatorium Benefit.” Most of the difficulties arise from the trouble of co-ordination or from lack of knowledge and education. In every department of government the problem of the allocation of the cost is one pressing for immediate attention. A departmental committee is sitting to study the relationship between Imperial and local taxation. A powerful group of Members in the House of Commons, backed by many in the constituencies, are attempting to solve the solution of the difficulties by putting rates upon the owners of unimproved land values and by levying upon such owners a Budget tax, the proceeds of which are to finance certain services now largely borne by the local authorities. The Government land campaign is on every hand drawing attention to the connections between the central and the local authorities in regard to housing and town planning. The difficulties of apportioning cost are not so pronounced in working tuberculosis schemes as they are in many other departments, for a great deal of the money is collected under the Insurance Act and disbursed by the Insurance Committees. All the same, delay