

experience the value of insolation has become more thoroughly appreciated, and on any sunny weekday a couple of hundred children may at any time be seen receiving carefully graduated treatment in the sunlight. Heliotherapy is undoubtedly of great value in treatment, but its application must be gradually undertaken and requires considerable care. No material benefit appears to be received until pigmentation has been established, and it is interesting to note that in certain patients pigmentation cannot be obtained. Some cases of a pronounced cachectic type resist exposure and will not pigment. In these there is usually abundant evidence of marked tuberculous toxæmia.

Exposure of these patients to sunlight, either natural or artificial, has no beneficial effect whatever, and, indeed, may cause the patient considerable discomfort unless most carefully regulated. In some of these the power to pigment is subsequently acquired, and this pigmentary capacity is not infrequently synchronous with abscess formation and enhanced if the abscess formed is treated by aspiration with or without the injection of modifying fluids. Progress towards recovery is then usually hastened and the complete absorption of the abscess facilitated.

Red-haired patients frequently present great difficulties in treatment. In these the skin reddens and blisters unless great care be taken, and freckles are abundantly deposited, but the desired bronzing is exceedingly difficult to obtain. In the majority of cases, however, pigmentation is produced with comparative ease, and coincident with its establishment there is marked improvement. In no cases of tuberculous arthritis is the improvement more striking than where sepsis complicates the condition, and sinuses, which appear to resist all other methods of treatment, sometimes dry up with remarkable rapidity, leaving supple, non-keloidal, and less unsightly scars. The value of pure, dry air in assisting to obtain these results has, in my opinion, hardly been sufficiently recognised. The functional results which follow insolation of tuberculous joints are often extremely satisfactory, and cases of tuberculous peritonitis and adenitis often derive very considerable benefit. On cloudy days, at Alton, heliotherapeutic treatment is continued artificially with what appears to be the happiest results.

Heliotherapy is an adjuvant to treatment, and as an aid to treatment is of the greatest value, but the indications for its employment and its limitations should be very clearly recognised. It should not displace but should supplement those other well-recognised and valuable methods of treatment summed up by the term "conservative" to which, indeed, it forms an addition of the highest value.

I am, Sir, yours faithfully,

Harley-street, W., July 11th, 1914.

H. J. GAUVAIN.

LOCAL ANÆSTHESIA.

To the Editor of THE LANCET.

SIR,—I must thank your reviewer for drawing attention to an overlooked misprint of a somewhat serious nature in my translation of Dr. Arthur Schlesinger's book on "Local Anæsthesia" in THE LANCET of July 11th. Dr. Schlesinger does not, of course, state that inflammatory processes heighten insensibility but the direct reverse—that they heighten sensibility. The statement as it appears in my text is so obviously contrary to experience that most readers will, I fancy, suspect a misprint or a *lapsus calami*.

As regards the other misprint to which your reviewer calls attention, that of supra- for infra-orbital (not the reverse as your reviewer states), it occurs in the original German. I must, however, plead guilty to having overlooked and failed to correct an obvious slip.

I am, Sir, yours faithfully,

Bovingdon, Herts, July 10th, 1914.

F. S. ARNOLD.

* * Dr. Arnold is good natured in his willingness to accept responsibility, as translator, for a slip in the original.—ED. L.

THE NATIONAL INSURANCE ACT.

A STATE INSURANCE BILL.

THE Bill introduced in the House of Commons by Sir Richard Cooper, M.P., for which Lord Willoughby de Broke undertakes the responsibility in the House of Lords, has for its main object the institution of voluntary State-aided insurance as a substitute for compulsory insurance. It appears to be somewhat late in the day so far as securing support from the approval of the Friendly Societies is concerned unless the president of the National Conference of Industrial Approved Societies spoke without authority at the meeting held on July 3rd at Staple Inn. He spoke of a scheme of voluntary national insurance as impracticable and impossible in the present circumstances, and said—

Although many of the leaders of the great Friendly Societies were strongly opposed to the introduction of a compulsory scheme of National Insurance, and cherished with great affection, and rightly so, the voluntary principle on which their societies were based, they have with one accord during the past few weeks denounced the substitution of a voluntary basis for the compulsory basis of the National Insurance Act, not only as impossible, but as unthinkable.

I have said that the voluntary proposition is dead; but I think I may without exaggeration go a step further and say that it is in that yet more parlous condition attributed by a late Conservative statesman to a certain well-known and much-discussed economic doctrine.

There are many others besides Friendly Society officials who have viewed the National Insurance Act in the past with considerable hostility, but are now working hard to make it useful to the nation, and it is doubtful whether any substantial number of these would be in favour of a voluntary system as preferable for the promotion of the national health and well-being. To medical practitioners the clauses of the Bill relating to the administration of benefits by Friendly Societies and trades unions will be of interest, but it will be some time before any such measure introduced by a private Member will be sufficiently within the scope of practical politics for its provisions to demand criticism in detail.

THE PANEL MEDICO-POLITICAL UNION.

A few weeks ago a meeting, to which a selected number of practitioners on the London panel were invited, was held in one of the rooms at the Queen's Hall for the purpose of forming a medico-political organisation for practitioners undertaking the treatment of insured persons. The meeting referred to an executive committee of 12 members (six representing the north side and six the south side of the Thames) the framing of a constitution and rules, and these were submitted to an assembly of 80 practitioners at the Caxton Hall on July 10th. Before this stage was reached, however, the committee summoned a protest meeting of London panel practitioners to consider the attitude of the