Before leaving most patients are restored to their full working capacity, a tribute to the success of the system, as is the fact that 60 per cent. of the patients treated in 1908 are still at work and in good health.

SANATORIUM TREATMENT OF CONSUMPTION. The Committee of the Welsh Memorial to the late King, which is to take the form of a campaign against tuberculosis, has drafted an amendment to the National Insurance Bill, by which Wales and Monmouthshire would be treated as a single administrative unit for the purpose of tuberculosis, and the Edward VII. Memorial Association incorporated by charter, and made a thoroughly democratic body. The Committee has already nearly £200,000 in hand for the fulfilment of its scheme, and in the issue of the British Medical Journal for July 15th there is pub-lished a statement by Sir Clifford Allbutt, Sir Lauder Brunton, Dr. Arthur Latham, and Sir William Osler, which the Welsh Committee has obtained, detailing the part which sanatoria may be expected to play in an organised These distinguished physicians campaign. point out that the public has formed a wrong idea of the value of sanatorium treatment, for it has not grasped the facts which prove that in many cases, owing to the severity of the disease present, it must be useless; that in a few instances it is actually harmful; and that in many cases the method of treatment need not be carried out at an institution.

Again, a number of people are under a misapprehension as to the meaning of sanatorium treatment, considering it synonymous with an existence under open-air conditions together with an excessive supply of nourishing food. They show that while these are important the cardinal factor in the treatment is the constant and skilled regulation of the amount of rest and exercise for each individual patient.

They show further that consumption is due to the presence of tubercle bacilli in the lung, that the only protection against these invaders is that which is termed comprehensively the defensive forces of the body. There is no drug which has a specific action on tuberculosis, though the vaccine known as tuberculin has a specific action, but there are a number of limitations to its power.

In a vast number of cases the defensive forces of the body successfully combat and defeat the tubercle bacillus, but in all cases of consumption, where the dose of poison absorbed is capable of being in excess of the powers of the defensive forces, the constant skilled medical supervision necessary is only possible in the institution usually called a sanatorium.

Clinical Motes on Some Common Ailments.

BY A. KNYVETT GORDON, M.B., Cantab. RHEUMATOID ARTHRITIS.

We come now to another disease which affects the joints, and which is known most commonly by the name of rheumatoid arthritis. As a matter of fact, this is not at all a good term, as the disease has no connection whatever with rheumatism, and is not, strictly speaking, due to arthritis—an inflammation that is—at all. Still, the name is there in the text books, and we must use it.

The complaint is a very interesting one to the clinician and the pathologist, because its origin is wrapt in mystery, and we as yet have to find out any satisfactory way of treating the patients who suffer from it. To them, indeed, the trouble is far from "interesting." The malady is progressive, afflicts the free liver and the temperate alike, and is quite incurable, while the extent to which the patient can obtain relief from persistent and acute—often agonising—pain depends practically on one factor alone, the length of his purse. Our workhouses are filled with patient or plaintive cripples, who drag out an existence which can hardly be worth living, suffering day and night, year by year, from the pains of this malady, which, from the purely physiological point of view, they have done nothing to deserve.

view, they have done nothing to deserve. Let us first see what happens. The patients are usually about thirty years of age when the trouble begins, and the disease is rather more common in women than in men, and it shows no preference for rheumatic or gouty subjects. The smaller joints are first affected, and usually on both sides of the body equally; it very commonly begins in the knuckles, though as the disease progresses knees, ankles, and shoulders suffer also.

The first symptom is pain and stiffness on movement of the joint, both of which get steadily worse and worse. Then the joints become gradually and steadily enlarged, and it is possible to feel thickenings of almost bony hardness round the joint rather than inside it. Ultimately the joint becomes stiffened and locked, so that the limb is crippled and cannot be moved except with great difficulty. During the progress of the disease the pain is worse at times and better at others, and the patients usually say that they feel better in hot and dry weather than in the winter. The variations in the severity of the pain are often extreme, so that at times the patient is in agony, and flies to opiates, stimulants, or anything which can give real or fancied relief. In

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