

TUBERCULOSIS DISPENSARIES.

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PART V.

WORK: Absolutely no attempt is made either to advertise or to search for cases. The nearest approach to advertisement is the brass plate and the hours of attendance on the door. Both advertisement and a search for cases, so regulated as to avoid annoying the people, and especially the latter, would seem to me to be both rational and just and to be opposed to no laws of medical etiquette, but they are studiously avoided for this reason: that they are apt to excite the ill-will of those general practitioners whose livelihood is derived from the poorer classes and of the British Medical Association. If measures to combat tuberculosis are to have the greatest freedom to success they must begin by an effort to reach every existing case. This may be done in one or both or two ways. Systematic efforts may be made to educate the people or a carefully regulated and tactfully conducted search may be made for infected persons. Both these must go hand in hand the one helping the other. The great difficulty in the way is the opposition just mentioned. Tuberculosis dispensaries have therefore elected to work in a different way. They depend entirely upon the education of the people for their popularity and systematically endeavour to conciliate the local practitioner so that he gradually becomes a help instead of an obstruction to their work. Patients may come to the dispensary of their own accord having got to know of its existence by having seen the door plate or heard of it from the porter or from a visitor from one of the charitable organisations or from a friend whose knowledge may have been acquired in the same way. Or they may be passed on from a general hospital or by the public health authorities or a general practitioner. In whichever way the first cases arrive they act as guides to the infected houses and infected localities. The dispensary staff visit them in their houses to give advice and examine contacts and the process of education begins, the news spreads, people gain confidence, and, experience in London has demonstrated this, attendance goes up by leaps and bounds. The first cases are, unfortunately for treatment, almost invariably in well advanced stages of the disease but this too gives way in time and one finds people coming not only for diagnosis and treatment in the early stages but for advice in questions of marriage, employment, and residence.

On arrival at the dispensary the patient is received by the porter who shows him into the waiting room. Here he is asked if he resides in the district and if he is under treatment. If he resides out of the borough he is told he cannot be treated and is referred either to the proper dispensary, if one exists, or to a hospital. If he is already under treatment he is also refused attendance and asked to bring a letter of introduction from his family doctor. In all other cases the porter takes the patient's height and weight and fills in the

first eight headings on a case-sheet (No, date, name, address, occupation, age, height, weight). He then hands him and his papers—case-sheet and any letters or cards of introduction he may possess—to the nurse in the dressing room. Here he strips to the waist and puts on a flannel jacket or wrap. The nurse fills in the blanks under the headings 'History of previous illnesses,' 'Onset of present illness' and 'Family history.' She then takes his temperature and pulse, enters these on the sheet, repeats the enquiries as to the possible existence of a medical attendant, ascertains whether he was recommended to seek advice at the dispensary or came of his own accord, and finally shows him into the consulting room and hands his papers over to the physician. Here a regular routine is gone through. The physician reads through the case-sheet and enlarges on any point he thinks of special importance. He then proceeds to a detailed examination beginning with the chest, makes the necessary notes on the case-sheet, and very carefully enters the nature and extent of physical signs graphically on the skeleton chart. The larynx also receives special attention, and, in children the mouth and pharynx are examined for bad teeth, enlarged tonsils, and adenoids and the abdomen for tuberculous mesenteric glands.

If it is discovered that the patient is suffering from some disease other than tubercule he is given a letter, signed by the medical officer, and worded as follows :—

You are recommended to attend—Hospital—Department at—
o'clock and to hand this to the Sister in Charge.

In this letter is enclosed a postcard addressed to the dispensary medical officer stating that the patient was examined by so and so and that he will or will not be treated as the case may be. This card is returned by the lady almoner or secretary of the hospital and the dispensary has the satisfaction of knowing whether the patient did as he was told or not and all chances of misunderstanding are avoided.

A similar proceeding is adopted in the case of consumptives suffering from bad teeth, and tuberculous children with enlarged tonsils and adenoids.

If during the course of examination it transpires that the nurse and porter have overlooked the fact that the patient was under the care of a local practitioner he is given a letter to his doctor notifying the fact that he is suffering from tuberculosis and asking whether he has any objection to his attending the dispensary.

Having eliminated these three classes of cases we must now return to our regular dispensary patient.

If necessary he is asked to bring a specimen of sputum for bacteriological examination. Having decided that he is consumptive it is the rule to tell him so. Nothing but good results from this procedure. It enlists his confidence and secures his earnest co-operation in carrying out treatment. The physician has next to decide the general lines upon which he proposes to work. There are three courses open to him. 1. To send a hopeless case to a hospital for the dying. 2. To send a hopeful case to a sanatorium for treatment. 3. To undertake to treat a hopeful case at the dispensary. 4. To undertake to

treat a hopeful or hopeless case at his own home. Each of these has its own application and limitations. The ideal procedure from a public health point of view would be the removal of the hopeless to hospital and all others with bacilli in the sputum to a sanatorium where they can no longer be a source of danger to their neighbours. But such a method of working is neither possible nor expedient. There are three considerations which bear upon the subject. Firstly, those whose experience qualifies them to speak with authority on the matter believe that most houses afford facilities for efficient domiciliary treatment including a copious supply of fresh air. Secondly, they believe that the chances of the spread of infection can be very largely diminished in most habitations by free ventilation and ordinary sanitary precautions, personal and domestic. Thirdly, and this is a very important item, the removal of patients from their homes is repugnant to the people. The breadwinner objects to leave his family, the mother her children, and the daughter her home. The insistence on sanatorium treatment for all cases would defeat its own ends. Consumptives would hold back as long as they could before coming for treatment and the examination of contacts would be resented. One of the main features of the tuberculosis dispensary system is the dispensary and domiciliary treatment of cases. These come first; and it is only when they fail or are absolutely unsuitable that other means are resorted to. Fortunately the plan appears to justify itself in a very large percentage of cases. It will be seen therefore that the answer to the question as to what is to be done with the patient turns on the results of the domiciliary visit paid later on by doctor and nurse. Advanced cases, residing in dark ill-ventilated overcrowded dwellings, with little or no possibility of ordinary domestic attendance, must, for their own sakes and for the sake of those around them, go to a suitable hospital or infirmary. Hopeful cases, with household conditions so bad as to render treatment futile or in dispensary methods have been tried and failed to effect any marked improvement, had better be sent to a sanatorium. All other cases—early, hopeful, and hopeless—are treated either at their homes or in the dispensary. Ambulatory febrile cases are treated at the dispensary. Ambulatory febrile and resting febrile must receive domiciliary treatment till they can get about. Progressive and advanced cases must be treated in their own homes to the bitter end.

(To be continued.)