

Cross gifts to the sick and wounded in all station hospitals and convalescent depots in India.

It is fine to think that such an amount of work is being accomplished by the Red Cross Association here and to know that its activities extend as far as East Africa. The cause is worthy of full support and we hope plenty of money will be subscribed. The subscriptions can be sent to the honorary secretary, Red Cross Fund, Joint War Committee, Indian Branch, Alliance Bank of Simla, Ltd., or, if preferred, through any local branch of the Alliance Bank for transfer and credit.

TUBERCULOSIS DISPENSARIES.

BY LIEUT.-COLONEL S. E. EVANS, I.M.S.

PART X.

EXAMINATION OF CONTACTS.—As has already been stated the medical officer calls at a time when he is likely to find all members of the household at home or the nurse arranges that they should go to the dispensary. The examination does not differ from that adopted in dealing with cases applying for treatment for the first time. Persons showing signs of early tuberculosis are taken in hand at once. Those apparently healthy are kept under surveillance. All are entered in the register of contacts and future developments carefully followed. It is here one misses the use of more scientific means than our crude and, as everybody will admit, unreliable clinical methods. I certainly do think that after excluding those showing signs of tuberculosis the remainder should be subjected to the crucial test of a tuberculin injection instead of allowing the disease to progress far enough to manifest itself clinically, perhaps in an acute rapidly spreading form, or in the shape of a generalised tuberculosis. The reasons for this attitude on the part of dispensary authorities have been already dealt with but in my opinion the chief is a groundless fear lest evil results follow its use. I say groundless advisedly, for it is in the apparently healthy that the test would be used, and in these tuberculin is as safe as any clinical method we have for any other disease and quite as safe as vaccination against smallpox.

Administration.—All the dispensaries in London and so far as I know in other parts of the country (my personal knowledge extends to Liverpool and Edinburgh) are under voluntary control. That this is so has been the outcome of the fact that official authority has hitherto made no systematic effort to deal with tuberculosis. Quite apart from this, it is maintained that it is eminently desirable that it should have been and should continue to be administered by voluntary organisations. Such an arrangement has the advantage of permitting greater freedom of action than one bound down by municipal control. The capacity for natural development in a young insti-

tution feeling its way as to the best means of attaining an end finds its greatest encouragement in an atmosphere untrammelled by red tape. Especially so when we consider that everyone, from the dispensary nurse to the president of the committee, are enthusiasts striving, from pure motives of philanthropy, to do a great work for the community. Nor would it have been possible for legal authority to stereotype a system before experience had proved its feasibility and efficiency in most, if not in every one of its details. Another argument used in this connection is that the dispensary system must of necessity be brought into intimate contact with other organisations, both municipal and charitable. Sanatoria, hospitals for the dying, general and chest hospitals, health societies, tuberculosis committees, associations for the study and improvement of the social conditions of the poor, the Public Health Department, and the Poor Law Service, are all intimately interwoven with its work. Co-operation with these is therefore essential to its efficiency, and the co-operation of good will is better attained by a voluntary organisation run on philanthropic lines than by an official department. It has been suggested that the tuberculosis dispensary should be managed on the lines of provident dispensary. This would be absolutely wrong and would defeat the main object in view—that of eradicating the disease from the community—for tuberculosis probably affects the improvident more than the provident, the poor and destitute more than those earning a regular living.

To emphasise the importance of co-operation it will not be out of place to mention here the manner in which the dispensary and the public health department work together. As has already been pointed out the former becomes the chief notifying agency in the district, the enormous mass of statistics relating to the incidence of the disease in houses, streets, districts and communities, and other matters, obtainable in no other way, are always at the disposal of the medical officer of health for information and guidance. He can on the other hand help the dispensary in many ways. He can disinfect rooms, bedding and clothing after death of a patient or during treatment. He can set aside wards in the city fever hospital for the receipt of cases of advanced disease, thus helping to remove dangerous foci of infection from overcrowded dwellings, without compelling application to the Poor Law Authorities and their infirmary. And, finally, he can, through his sanitary inspectors, send 'contacts' of cases notified by the Poor Law Authorities to the dispensary for examination.

(To be continued.)

PLEASE will any Superintendent or nurse who knows of any interesting Midwifery case kindly write to Miss Thacker, Cama Hospital, Bon bay, about the same.