

them and realise that some of them will surely in the days to be turn their attention to nursing and will enter the profession disciplined and alert with an elementary idea of some of the duties they will be called upon to perform. We watch the development of this arousing movement with joy for these children and budding women will help to elevate and create an entirely new tone to many an enterprise. It is a part of the awakening of the new womanhood and the preparation for fine action.

TUBERCULOSIS DISPENSARIES.

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

PART XI.

THE dispensary is managed by a voluntary committee the outstanding features of which are the inclusion of the medical officer of health either as a chairman or one of its members and the presence of representatives of various local organisations on the board—facts which make for good will and efficient co-operation. Thus when the Paddington Dispensary Committee was formed it included the medical officer of health as chairman, the chairman of the London Provident Dispensaries Council, the treasurer of St. Mary's Hospital, the secretary of the Paddington Health Society, the vicar of Paddington, and an organised secretary of the Charity Organization Society. A very important administrative question with which the committee has to deal is that of giving material assistance to the poor. No assistance is given by any of the London dispensaries, all cases needing it being referred to the Charity Organization Society or the Poor Law Guardians according to circumstances. For the purpose of deciding whether any individual case is deserving of relief or not and whether it should be referred to one or other of the agencies just named a sub-committee known as the 'Visiting Committee' and composed almost entirely of ladies exists. But this is not the only function of this visiting committee. It is also the organisation which includes and controls the 'Voluntary Staff' whose members perform the duties of health visitors and assist in the work of the dispensary in the manner already detailed. When the Paddington dispensary was formed there already existed a Tuberculosis Committee of the Health Society, composed almost entirely of ladies who were engaged in visiting cases notified by the medical officer of health, general practitioners, and Poor Law medical officers, with a view to obtaining for them sanatorium treatment and looking after them after discharge. In course of time the Tuberculosis Committee and the Dispensary Visiting Committee amalgamated to form a Joint Visiting Committee and from this large committee a small Advisory or Case Committee was formed to deal with difficult questions arising in connection with calls for material assistance.

Thus we have :—

A Managing Committee for the general administration of the dispensary.

A Joint Visiting Committee to supply voluntary workers and deal with cases requiring material assistance.

An Advisory or Case Committee to decide cases of special difficulty in connection with the giving of relief.

Finance :—The income of a dispensary is derived from :

Donations and subscriptions collected by the committee.

Contributions from local municipalities.

Contributions from patients.

Subsidies from the Central Fund.

The conditions under which the Central Fund contributes towards the maintenance of the institution and the amount of its subsidies have been already stated.

It is hardly worth while going into details in the matter of expenditure as these vary considerably and are hardly likely to be of value outside the British Isles.

The Secretary of the Central Fund estimates the average total cost of a dispensary for the first year at about £1,000 but this quickly mounts up and in a couple of years the annual expenditure will probably reach £1,500 to £2,000.

Results :—At the present stage of development of the dispensary system it is impossible to speak in terms of mathematical accuracy of its results. All we have to look back upon so far are the Edinburgh mortality figures and certain side issues. The former owing to their isolation are open to certain objections but the general impression they, and the whole rationale of the system, have made upon the minds of those who concern themselves with the subject is seen in the ever increasing number of dispensaries that are springing up in Britain and on the continent and in America. If we consider with the mind of a sanitarian, the habits of the disease and the methods which the dispensary system has elected to use to combat it. We have a strong *a priori* argument pointing in the direction of a greatly reduced incidence and mortality.

In addition to mortality figures there are certain results that point to the efficient working of a dispensary :

There should be a continuous improvement in the general sanitary conditions of the dwellings of the poor of the borough showing that the educational work of the paid and voluntary staff is bearing fruit not only in the houses of the sick but in those of their neighbours.

The number of cases applying for treatment for the first time in advanced stages of the disease should steadily diminish showing again that education is having effect and that the examination of contacts is being carefully done.

The proportion of cases notified by the dispensary in relation to the total notification should steadily increase showing that the people are learning to realise the importance of the work done and look more and more to the dispensary for relief. The number of cases notified during life should show a conti-

nuous increase while those notified after death should diminish proving the efficiency of tactful search and of education.

The average period elapsing between notification and death should steadily increase proving that a larger and larger number of cases are detected in the early stages of the disease.

Upon all these points carefully kept statistics are steadily accumulating but the figures are not yet available. I am informed, both by the secretary of the Central Fund and by medical officers of dispensaries, that the efficiency of the work as judged by every one of these items is amply testified for by the records already collected.

Tuberculin Dispensaries.—There is not much to note under this head beyond what has already been said when discussing tuberculin in diagnosis and treatment. The first question that arises in ones mind when on the threshold of the subject is one relating to the points wherein the tuberculin differs from the tuberculosis dispensary. The following tabulated statement will show up the difference clearly :—

TUBERCULOSIS DISPENSARIES.	TUBERCULIN DISPENSARIES.
Depend entirely on physical signs and symptoms for early diagnosis.	Use tuberculin systematically for diagnostic purposes in all cases where signs and symptoms are doubtful or absent.
Tuberculin used for therapeutic purposes.	Tuberculin used regularly and freely for therapeutic purposes.
Immunisation to 1 cc. P. T. O. aimed at, or Béraneek used beginning with small doses and working up to point of maximum toleration.	Much higher degree of immunisation aimed at. Doses begin with .001cc P. T. O. increasing gradually to 1cc ; then .02cc P. T. gradually increasing to 1cc ; finally .2cc Old T. increasing to 1 or even 2ccs.
Reactions carefully avoided.	Slight reactions, say up to 100° F. looked for at first as indicating satisfactory response.
Tuberculin not used as a test of results.	Tuberculin used as a test of results.
Undertake domiciliary treatment on sanatorium lines.	Will have none these.
Careful search for contacts. Make earnest and systematic efforts to educate the people.	
Try to improve the sanitary conditions of dwellings in the matter of light, air, cleanliness and overcrowding.	
Make efforts to prevent spread of infection in dwellings by attention to personal hygiene and disinfection.	

Attempt the isolation of bad cases from overcrowded dwellings by ap- peal to hospitals and infirmaries.	} Will have none these.
Obtain sanatorium treatment for those whose homes are of the worst and those who fail to improve un- der domiciliary treatment.	
Advocate and use open air schools for infected and suspected children.	
Co-ordinate their work with that of the medical officer of health, the medical practitioner and charity organisations.	

There is but one Tuberculin Dispensary in London—263, Kennington Rd., S.E. A second dispensary maintained by municipal authority exists at Portsmouth but with this I have no personal acquaintance. The Kennington Road Dispensary is administered by the Tuberculin Dispensary League presided over by the Countess of Mayo and Dr. Camac Wilkinson is chairman of the executive committee.

The accommodation consists of three rooms of an ordinary dwelling house in Kennington Road. Two rooms on the ground floor used as waiting and consulting room respectively, both overcrowded, the latter painfully so, during working hours, and a room on the first floor used as an examination room.

The staff consists of the medical officer (Dr. Camac Wilkinson), a nurse, and a number of voluntary workers. These last are young medical men who have come from various parts to study tuberculin dispensary methods. A number of them make up the temperature charts in the waiting room (a most instructive occupation) and two or three sit at the table with the medical officer, see patients, and administer injections referring to him if necessary for advice in cases of difficulty. The little consulting room is generally crowded with visitors.

The methods of working of the dispensary have been fully described in dealing with tuberculin in diagnosis and treatment. The institute does not concern itself with patients outside its own doors. I have to express my obligation to the London County Council and its medical officer of health for information detailing the institutions and organisations dealing with tuberculosis in the Metropolis; to Mr. A. J. Mackintosh, the secretary of the Central Fund for the Promotion of the Dispensary System for the Prevention of Consumption in London, for his kindness in giving up much of his valuable time for my edification; and to the medical officers especially Dr. Camac Wilkinson, Dr. Halliday Sutherland, Dr. D. J. Williamson, and Dr. Roper for their courtesy in permitting me to look into every detail of their work.