

The eyes also must be protected well as in 12 seconds sight can be entirely destroyed. The nurse's eyes in this case are protected by spectacles of lead glass. All light treatment needs very careful training in special technique.

TUBERCULOSIS DISPENSARIES:

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PART I.

WHEN Koch announced in 1882 the discovery of the tubercle bacillus he settled for ever the question of the infectious nature of tuberculosis. For some four or five years after this the entire attention of the profession appears to have been concentrated upon the individual sufferers. Koch was busy in his laboratory trying to discover a cure for the disease, and physicians were stuffing their patients with medicine and sending them to sanatoria. It was Dr. R. W. Philip of Edinburgh alone who appears to have taken a broad states-man view of the matter. While not neglecting the individual, he realised what a 25 per cent. total mortality, and a much larger percentage of inefficiency, among men in the flower of their manhood meant to the community at large, and to the race; and conceived the idea of hunting the disease down in its haunts and stamping out the foci of infection. With this object in view, and with the help of a few friends, he opened, in 1887, in memory of Queen Victoria's Jubilee, the first tuberculosis dispensary. The details of the manner in which this institution sought to carry out its main object will be evident when I come to deal with its copies in London; but it may be stated here that it used the people who applied for treatment as a guide to the detection of 'contacts,' that it sent its messengers to the people in their homes and educated them into an appreciation of the disease and the best method of preventing its spread to those near and dear to them; that it endeavoured to remove dangerous foci of infection by persuading hopeless cases to go to the City Hospital, and that it kept the whole household under regular but unobtrusive surveillance.

A sanatorium (The Royal Victoria Hospital) was the next link in the chain. It was opened a year or two after the dispensary and began in quite a modest way, as a country house standing in ample grounds, quite near the city of Edinburgh. Its pavilions which accommodate about a hundred patients are now a model worth copying. The object of it was to get rid of a fresh contingent of foci of infection by removing to its precincts cases recommended by the dispensary as likely to benefit by treatment. It will thus be seen that the sanatorium was an offshoot of the dispensary and subservient to its ends, not the reverse.

The next step in the evolution of the system was notification. A lecture on the subject, delivered by Dr. Philip in 1890, before the Edinburgh Health Society, led to considerable discussion, but nothing was done till 1905, when voluntary notification was introduced by the public health authorities. The workings of this move, though not ideal, were sufficient to prove that it was not resented as interfering with the liberty of the subject, and compulsory notification was adopted in 1907. This was a very important step, for notification is only a means to an end. Not only did the dispensary become the chief notifying factor but the local health officer became of considerable service to the dispensary. He could draw attention to undetected cases, he could periodically disinfect infected houses and improve their general sanitary condition, and he could help keep contacts under unobtrusive surveillance. Cordial co-operation between the local health authorities and the dispensary is therefore an important part of the scheme, for they must perforce overlap each other in their work. In 1910 an estate was purchased near Poulton and a "Farm Colony" opened in connection with the Edinburgh system. It was equipped for the rearing of pigs and poultry and the raising of garden produce; and intended for the reception of patients from the sanatorium after they had sufficiently recovered to work but required a lengthened period of supervision. An integral part of Dr. Philip's scheme is an open air school for tuberculous children. It has expanded itself into the very wide question of open air schools for all city children with separate institutions for contacts and for those bearing distinct signs of consumption; and was inspired by the obvious necessity of counteracting the evils of the protracted absence from educational facilities necessitated by the disease. In Edinburgh the open air school is part of the sanatorium.

This sketch would not be complete without a reference to the general practitioner. His work and that of the dispensary system are closely interwoven and the greatest care is taken to avoid friction. The dispensary is free to the poor, but no case is accepted if it happens to have been in the hands of a medical man without communicating with him and obtaining his sanction. The result has been a cordial co-operation between the two. The family doctor sends his consumptives to the dispensary and the dispensary sends him cases not coming within its sphere. In January 1909 a dispensary, "The Paddington Dispensary for the Prevention of Consumption," was opened in London as a charitable enterprise. It was modelled on the lines of the Royal Victoria Dispensary, was worked by Dr. Williamson who had held the appointment of resident physician to that institution, and aroused considerable interest in the various Boroughs of the Metropolis. Of these Kensington was the first to follow suit, and at the first annual meeting of its dispensary decided to amalgamate with the institution in Paddington on the grounds that the poorer parts of the two districts formed one continuous whole and that the latter was conveniently situated to serve both. The staff was therefore increased and the "Paddington and Kensington Dispensary for the Prevention of Consumption" came into being.

The next to follow was the St. Marylebone with a dispensary at 15 Allsop Place.

We must pause now to consider the development, constitution and working of "The Central Fund for the Promotion of the Dispensary System for the Prevention of Consumption in London," to whose philanthropic energy London owes its entire system of anti-tuberculosis measures. The poorer boroughs were, as they well might be, considerably interested in the movement but they were too poor to initiate proceedings of their own. So strong did the feeling grow that a suggestion was put forward to organise a municipal scheme to be paid for out of the rates. At this juncture the founders of the movement in the metropolis, among whom Miss M'Gaw took a very prominent place, conceived the idea of forming a committee to collect funds to help in the building up of dispensaries all over London. The natural tendency of Englishmen to unobtrusive charity quickly answered to the call and a large and influential body was formed, bearing the above significant if somewhat unwieldy name, with a large sum of money to begin on.

This Society consists of a general council and executive committee. The former is made up of 99 members including (in addition to 35 well-known public personages, 8 bishops, 1 canon, and 1 clergyman), 18 eminent medical men, 18 medical officers of health, and 18 ladies. The executive committee has a chairman (The Right Hon. Lord Glenconner), a vice-chairman (Dr. A. Latham), an hon. treasurer, hon. secretary, secretary, and fifteen members, of whom six are eminent medical men and five ladies. The Society's address is 23, Saville Row, London, W.

The task the Central Fund set itself was to encourage the establishment of dispensaries and to help in their maintenance, not to establish and maintain dispensaries. The general plan of campaign begins with the formation of a local committee representing the various interests in the borough and the appointment of an honorary treasurer. The committee then proceeds to collect funds, hire a suitably furnished house, furnish it, and engage the necessary staff. The Central Fund now steps in and helps them with a grant varying from £200 a year in the case of a comparatively wealthy district like St. Marylebone, to 75 per cent of the initial plus 75 per cent of the annual expenditure in the case of poorer localities. Stepney, for instance, received a grant of £1,000 in 1911. Thus it has come about that these institutions are spoken of as dispensaries subsidised by the Central Fund.

(To be continued.)