

TUBERCULOSIS DISPENSARIES.

BY LIEUT-COL. S. C. EVANS, I.M.S.

PART II.

THE Central Fund must, in the very nature of things, be very intimately associated with the movement in every borough from its inception, for it often initiates the idea and usually advises as to the general lines of organisation, it holds aloof from the internal arrangements of the dispensary committee and refrains from interfering with its autonomy beyond imposing certain obviously desirable conditions as necessary to the receipt of a grant. These conditions are set forth in a leaflet which reads as follows:—

1. That the dispensary is managed by a voluntary committee and supported by voluntary contributions.
2. That it confines its operations to a definite area to be agreed upon in consultation with the executive committee of the Central Fund.
3. That it co-operates, as far as possible, with the Medical Officer of Health, with the Poor-Law Authorities, and with all hospitals, dispensaries (free and provident), doctors and charitable agencies in the district.
4. That cases requiring material relief are referred to the Charity Organisation Society or other suitable agency.
5. That the accounts are kept according to the rules of the King Edward's Hospital Fund for London.
6. That the dispensary, whether it be a new and independent institution or a department of an already existing hospital or dispensary, is conducted on the following lines:—
 - (a) It shall employ one or more medical officers who shall not only see patients at the dispensary but visit them in their homes.
 - (b) It shall employ a specially trained nurse who shall care for the patients at the dispensary and at their homes.
 - (c) It shall only treat cases of tuberculosis.
 - (d) There shall be no letters of recommendation, and all treatment shall be free. Persons found able to pay for treatment shall be referred to private practitioners.
 - (e) Any person who is already under medical care shall be treated only after the consent of the medical attendant has been obtained.
7. That, in order to facilitate the collection of statistics and co-operation with other dispensaries, the case sheets, schedules of enquiry, &c., adopted by the committee of the Central Fund, are used.

In addition to these conditions one or two points were laid stress on by the secretary in the interview which he was kind enough to grant me. One of these was that the dispensary medical officer should be a whole time official and should have some experience of the work and of the early

diagnosis of pulmonary tuberculosis. It is desirable too that his appointment be indorsed by the Insurance Committee and Borough Council, so that he would formally become the chief tuberculosis medical officer of the area concerned and with him would therefore ultimately rest the responsibility of advising regarding the details of sanatorium benefit. The appointment of a local practitioner to the post is pointedly objected to. The reason for this is obvious. Quite apart from the fact that it is essential that the medical officer in charge should devote his entire time and attention to his work there is another and very serious objection. Even supposing such a practitioner to be above exploiting the dispensary for the purposes of his private practice, his position would increase enormously his points of contact with the people and so act as an advertisement. This in its turn would raise the opposition of the local profession and militate against their cordial co-operation which is so essential to the thorough working of the system.

Another point he laid stress upon was that the Central Committee had successfully used its influence to include the borough medical officer on every local committee either as chairman or one of its members. It is recognised that it may be desirable to add to the several local committees representatives of the Insurance Committees and Public Health Committees of the boroughs. If so the latter object has already been secured by the inclusion in every case of the medical officer of health. The necessity for the former, in the present state of the insurance act, can hardly be said to have arisen.

The Central Fund are anxious that municipalities should contribute towards the maintenance of the dispensary, especially so as they now get a parliamentary grant ear-marked for tuberculosis purposes. Certain boroughs have already so contributed but the great difficulty in the way appears to be that when a corporation contributes it also wants to have a voice, and perhaps a preponderant voice, in the administration of the institution. The aim of the Central Fund has been to establish a dispensary for each borough of the metropolis. There are 29 boroughs, each with its own medical officer of health, but so far only ten institutions, including the Talbot Road Dispensary which serves two districts, have been got into working order. I am informed by the London County Council that, in addition to these dispensaries "Subsidised by the Central Fund," there is one tuberculosis dispensary unconnected with the Fund and one or two dispensaries for diseases of the Throat and Chest at which a certain number of cases of pulmonary tuberculosis are treated.

This report must now deal more particularly with the dispensary itself and I propose to group my remarks under the following heads:—

Accommodation.	Administration.
Equipment.	Finance.
Staff.	Results.
Work.	

Accommodation. All the dispensary buildings in London belong to the same class and are arranged on the same lines. The aim here, as in Edinburgh, has been to make them as simple and inexpensive as possible. They

are all ordinary dwelling houses of the poorer sort slightly altered in some cases by the landlord to suit the needs of the institution. A description of one of them will be sufficient to convey an accurate idea of the whole if one remembers that, in densely crowded districts with a high tuberculosis incidence, where more than one medical officer is at work at one time, the number of consulting rooms, and to a less extent the number of dressing rooms, is proportionately increased. The "St. Marylebone Dispensary for the Prevention of Consumption" will serve as a type. It is situated in Allsop Place, a byway off Upper Baker Street. On one side of the road are stables, on the other side dwelling houses. Outside the front door is a brass plate engraved with the name of the institution and a notice setting forth the days and hours when patients may attend. When one enters one finds oneself in a narrow long "hall" at the far end of which is a staircase leading to the upper floor and a door opening into the back yard. On the left is a door leading into the largest room in the house—the waiting room—which extends the full depth of the building. On passing across this room one enters a front apartment about half its size—the laboratory which in its turn gives access to a back room—the dispensary for storing and making up medicines. A door at the back of this room opens into the backyard in which a sample "Pure Air Shelter" of Dr. Sutherland's design stands and from which the "hall" can be again entered by means already referred to. On the right (as one enters from the street) is an office used chiefly for storing files, and beyond this a couple of lavatories. This completes the ground floor. On reaching the first floor landing one is facing towards the street and turns to the right along a passage. On the right of this passage is a room—the consulting room—so small that it is only just large enough to contain the furniture, the physician-in-charge, the patient and two or three visitors. On the left of the passage are two small rooms, used as dressing rooms, the one for men and the other for women. Behind, *i. e.*, on the left of the landing as one comes up the stairs, a door opens into the office and behind this (*i. e.*, on the anti-street side) is a lavatory. The caretaker lives on the second floor.

Dr. Sutherland's "Pure Air Shelter" just mentioned requires special notice. It is an oblong wooden structure roofed with rubberoid and made in sections easily put together. It covers a floor space of 8'x6' and has a sloping roof giving the room a height of 9'x6' along one side and 8' along the other. Entrance is obtained at one end of the oblong by a door. The other end is closed, each side is filled in by a large french window. Around the entire circumference of the little room (except at the door) near the roof, and near the floor, runs a broad slit giving a total ventilating space of 56 sq. feet. These ventilating slits are guarded by obliquely placed boarding arranged at an angle of 45° so as to form interior and exterior valves which effectually protect the occupant from the weather and direct all currents of air upwards. The patient thus practically lives in the open air, gets a maximum of light and is effectually protected from wet. The shelter will accommodate a small table and the blank (except for the ventilating slits) wall at the far end may be made to carry a peg for hanging things on. Geo. W. Beattie, Builder, Kew

Gardens, Surrey, constructs these shelters and will supply particulars for a fee of one guinea.

Any one reading this account will miss an essential accessory. In most dispensaries some provision is made in the shape of a dark cupboard or closet or, as in the specially built dispensary at Liverpool, of a special room set apart for the examination of the throat.

To sum up. The following are necessary components of a tuberculosis dispensary :—

A waiting room for the patients.

Two dressing rooms. One for men and the other for women and children.

Where this cannot be arranged men and women must be seen on different days.

One consulting room for each medical officer at work.

A small closet or room for throat work.

A dispensary.

Two separate lavatories for men and women respectively.

A laboratory.

An office.

Two lavatories for the staff.

Caretaker's quarters.

All walls are distempered or painted so that they can be cleansed and disinfected, and, for the same reason, it is advisable that the floors should be of polished wood or covered with linoleum. This statement must not be taken as committing me to any expression of opinion as to what floors should be made of.

(To be continued.)

AGGRESSIVE CHEERFULNESS.

BY DR. A. E. MOORE.

I HAVE a little book in my possession; charity behoves that it should be small, for it contains a list of the people I can't stand. Among the earlier entries is Mrs. Hickey, a landlady I met in the neighbourhood of Bloomsbury. She suffered from "spazzums" so called, and punctuated her conversation with a series of explosions, exclaiming at the same moment, "manners!" Besides which she had a defunct called 'Enery whose chief claim to fame seems to have been that he had on several occasions been mistaken for the late King Edward. She also claimed a certain royal connection in that she had on one occasion been the recipient of the Queen's Bounty. Another entry brings to mind a weedy youth who lived mostly on apple pips and oatmeal biscuits. I went to a vegetarian restaurant with him once and enjoyed a good lunch at Frascati's in Oxford street an hour afterwards. He used to explain that he first became a vegetarian, then a fruitarian. After much deep thought engendered by such high living he came to the conclusion that to eat the pulp of fruit was a needless tax on the digestive system. In the pip was the germ of life. Hence his present diet. He died of appendicitis, poor chap!