

TUBERCULOSIS DISPENSARIES.

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PART III.

EQUIPMENT.—The same effort at simplicity and economy is evident in the equipment of the London dispensaries as was noted in their buildings. In addition to the necessary sitting accommodation for patients the waiting room is provided with a weighing machine, height standard, and receptacles containing carbolic acid solution or other disinfectant into which patients can expectorate. It is also a useful place in which to hang up a phthisis incidence and mortality chart of the district. Such charts when marked in a striking manner, as they usually are, have a considerable educational value.

A couple of chairs or stools, a couple of pegs for hanging clothes on, and a cupboard for flannel jackets, constitute the equipment of a dressing room.

In the consulting room we find a writing table with suitable drawers and shelves for forms, stationery and papers, a chair for the physician, a chair or stool for the patient, two or three chairs for visitors, a table or couch upon which a patient can be placed for abdominal examination, a small table for tuberculin and accessories, and a washhand stand. The tuberculin outfit varies with the taste and methods of individual medical officers. As a rule it consists of a 'Record' syringe, a number (nine in the case of those who go in for Béraneck) of small, squat wide-mouthed stoppered bottles for diluted tuberculins, a bottle of ether for sterilizing the skin, a small open sterilizer and spirit lamp. A stethoscope and measuring tape are also to be included among consulting room accessories.

The throat room ought to have a couple of chairs or stools, a suitable lamp (preferably electric) a small table, a laryngoscope, a couple of lotion bowls, throat swabs, towel, tongue cloths, spirit lamp, throat spray, bottle of cocaine solution, and tongue depressor.

All parts of the building likely to be used by patients—Hall, waiting rooms, passages, dressing, consulting and throat rooms—should be provided with receptacles containing carbolic acid solution or other disinfectant into which they can expectorate.

In institutions where only a small number of patients are dealt with a contract may be made with a local chemist who makes up and sends over his own stock medicines and provides an assistant to attend for dispensing purposes at suitable times. In all other cases a special dispenser is employed the management supplying everything. There is nothing special about the equipment of the dispensing room. There is the usual table, shelves, drawers, and appliances for weighing and measuring drugs and making up pills and plasters. Throat sprays, inhalers, sputum flasks, and thermometers are kept in stock and the drugs are limited to those likely to be needed for treatment of chest and throat cases.

The laboratory is a comparatively simple affair being merely fitted up for the bacteriological examination of sputum and urine. The table, gaset, water supply, stains, cover glasses, slides, microscope, centrifuge, and sterilizer need no special description.

The office contains the usual office furniture, table, chair, stationery, forms, and shelves and pigeon holes for files. The forms used are :—

Cards about the size of correspondence cards upon which are printed the name and address of the dispensary and the days and hours of attendance. Case sheets which bear in every case pictorial charts upon which to record the extent of disease as evidenced by physical signs, back and front.

Temperature charts of the kind ordinarily used in every hospital. Prescription forms on blue paper.

Slips directing individual patients to attend on particular days and at particular hours on white paper.

Green cards on which are printed the " Rules for consumptive patients and those looking after them."

Form of letter addressed to a general practitioner who may happen to be in attendance on a patient who applies for treatment.

Schedules of inquiry relating to home and other conditions. Sick certificate forms.

Forms recommending patients for hospital or sanatorium treatment. Notification forms.

Some of these papers are appended for purposes of reference.

The medical officer in charge gives the dispensary records his personal attention. The registers are most systematically and carefully kept. There are ' contact ' registers, house inspection registers, bad case registers and registers of cases sent to hospital, to sanatoria and to schools. All important papers such as case sheets, temperature charts, and schedules of enquiry, are carefully filed. These files are arranged in convenient batches and access to them is readily obtained by means of index cards bearing the general particulars of each patient and a reference number. They are stacked in the lettered drawer of a cabinet, have a notch in the middle of their lower edge which fits on to and slides along an oval-sectioned rod running from before backwards along the middle of the bottom of the drawer, and a thumb flap at the top. When any particular case is wanted the proceeding is to get the name, go to the drawer labelled with the initial letter and find the card. This gives the number in the file in which the papers wanted will be found. At the Marylebone dispensary the cards are arranged in several groups. There are groups alphabetically arranged for men, for women and for children. There is a ' street ' group and a ' contact ' group also alphabetically arranged. The principle of this ' Shannon Card Indexing System ' runs through most dispensaries though minor variations, chiefly in the matter of detail exists here and there. Major L. T. Rose Hutchison I.M.S. has, if I remember rightly, in working order a system nearly, if not quite identical with that described above.

Staff.—There are certain conditions which govern the strength of the staff of a well-found dispensary. The total population of the borough, inasmuch

as it influences the probable number of patients applying for treatment, is one of these. But far more important in this respect is the density of the population, for this goes hand in hand with the tuberculosis incidence that is the determining factor. Besides these three points, the total population, the density (population area) of the population, and the tuberculosis incidence all of which determine the number of patients likely to require attention, there is a fourth which must be taken into consideration. The total area to be dealt with determines the amount of travelling that domiciliary visits will necessitate and therefore has the potentiality of an important item. I should have liked to reduce these general principles to something more definite and to have been able to state that a certain unit of staff was necessary for a certain unit area—mass but in the present state of our knowledge this is impossible. The movement is still in its infancy and no attempt has as yet been made to grapple with the problem as a whole. The system adopted is to start a dispensary with a minimum staff and then to increase this as circumstances demand and as funds permit. This object may be attained by multiplying the number of officers employed in a single institution as was done at the Paddington-Kensington dispensary which has four doctors, or by increasing the number of dispensaries as has been done in Stepney which possesses the Arbour Square, St. Georges-in-the-East, and Whitechapel dispensaries. The suitability of one or other of these methods to any individual district is determined by its size and by the accommodation available.

(To be continued.)

NERVES—A MUSING AND A PLEA.

By B. X.

IT began soon after midnight with a tornado of shells on our front and support line trenches, and continued consistently until dawn. We were well "dug in," and the damage done was comparatively slight. Our nights rest, however, was not improved. Soon our guns began to reply and we watched the momentary glow of the shells, as they passed overhead. Then away to the left just before daybreak, a mine went up with a terrific detonation. This was followed by a sharp outburst of rifle and machine gunfire, and immediately the enemys bombardment lifted to our reserve trenches. This was a danger signal and we waited anxiously; stumbling along the trench the Writer met his senior subaltern who remarked "I think Fritz must be coming over this morning. Let us hope he does, he will get a warm welcome." His confidence was cheering. At 3-30 a.m. vitality seems at a low ebb, and we had been unpleasantly conscious of a feeling of weakness about the knees. We waited on, welcoming the increasing light and in the end the bombardment died away, and all was quiet. Brother Bosch had only wished to worry us in return for some of our previous little pleasantries. The sun rose, slightly