In Salem the Dispensary has always been maintained by the Anti-Tuberculosis Association, and has been dependent upon voluntary contributions, except supplies of sputum cups, carbolic acid, etc., which are supplied by the Board of Health. The Board of Health has, however, always given its hearty coöperation and support, and the two have worked harmoniously together. The Dispensary came by a process of evolution as the work grew. A few interested people, a little money, an instructive nurse, a system of records, a class, small permanent quarters, regular hours, and our Dispensary was established. This process took three years. I hope that what I have said, brief as it is, will show these communities the need of a dispensary and will help them to establish one in three months.

V.

FIRST ANNUAL REPORT OF THE MASSACHUSETTS ANTI-TUBERCULOSIS LEAGUE.

BY SEYMOUR H. STONE,
Secretary.

ORGANIZATION.

The need for closer coöperation among those engaged in the tuberculosis campaign of the state having become apparent to the Boston Association, at the invitation of this Association a committee of those interested met on January 8, 1914, for the purpose of organizing an Anti-Tuberculosis League. There were present at this meeting 16 persons from different parts of the state.

The form of organization planned by this committee was presented at the meeting of the Massachusetts Conference on Tuberculosis held March 26, 1914, to which the Anti-Tuberculosis Associations of the state were asked to send delegates. Twenty-two such delegates were present from 13 different cities and towns. A constitution and by-laws were adopted, officers and executive committee were elected and the League formally launched.

PURPOSE.

The purposes of the League are:

To keep the anti-tuberculosis organizations of the state interested in the fight against tuberculosis and informed as to the methods being employed by the state and local authorities.

To assist anti-tuberculosis associations and similar organizations in planning and carrying out local campaigns.

To help organize anti-tuberculosis associations and committees in communities needing them.

To arrange conferences for the discussion of tuberculosis problems.

To secure proper and oppose unwise legislation for the relief and prevention of tuberculosis.

MEMBERSHIP.

Anti-tuberculosis associations and similar organizations may become members of the League upon application to and election by the executive committee. Such associations are entitled to one delegate in the League, and an additional delegate for each 100 bona-fide members. At least for the present no dues will be expected from these associations, but it is hoped that they will see their way clear to contribute something toward the expenses of the League.

All persons interested in the objects of the League may become members by the payment of \$1.00 per year.

The present membership consists of 34 organizations; 22 of these are anti-tuberculosis associations, eight are district nursing associations, two are committees of women's clubs, one is a Red Cross society, and one a committee of associated charities. In addition to these the League has four individual members. Only eight anti-tuberculosis associations in the state have not become members.

COMMITTEES.

Besides the Executive Committee, the League has seven sub-committees, which, since January 8, 1914, have held 20 meetings.

Legislation. The campaign against tuberculosis being so largely dependent, of course, on adequate laws, the League has, during its first year, paid close attention to legislation.

In the spring of 1914 our Legislative Committee made a study of 38 bills before the legislature, while this year it has considered 23 bills.

The chairman of the Legislative Committee and the secretary or some other member of the League has usually presented to the proper committee of the legislature the views of the League on these bills.

The local associations have then been informed of the action taken by the League on the most important of these bills and urged to support such action if they could.

Local Associations and Affiliated Societies.

This sub-committee has corresponded with organizations, and in some instances interviewed individuals or committees in Lynn, Milford, North Adams, Waltham and Greenfield for the purpose of starting some form of anti-tuberculosis work. In one other community the Committee is hoping to be able to coördinate already existing work. The Committee has also helped in starting organizations in Gloucester, Beverly and Lowell, and is ready to render similar service in any other community interested in the stamping out of tuberculosis.

Local Dispensaries. The present field of operation for this Committee is in those cities and towns which have 10,000 inhabitants or over and which are therefore required by law to maintain a tuberculosis dispensary. A study

of these communities, by means of a questionnaire, disclosed the fact that 33 of the 54 admitted having no dispensary, the remaining 21 stating that they had one in some form.

The State Department of Health has now required these delinquent cities and towns to comply with the law and establish dispensaries before July first of this year, and many of them are earnestly endeavoring to meet this requirement.

Local Hospitals and Local Boards of Health. According to information gathered by this Committee 16 of the 35 cities have complied with the law by providing a tuberculosis hospital. In addition to these, two towns and one county have such hospitals. Another county, Barnstable, is seeking permission by legislation this year to establish a hospital. The local hospital situation is, on the whole, encouraging. Many of the remaining 19 cities are either building or have plans under way. The State Department of Health has given these cities until September first of this year to comply with the law which was passed four years ago.

Our Committee has gone on record as favoring the plan adopted by Wellesley and several other towns in combining to employ jointly trained health officers, and urges its adoption by other groups of towns.

Publicity. The work of this Sub-Committee is educational. A small card exhibit, consisting of suitable literature printed in the foreign language common to the section to which it was to be sent was accepted for display in 75 public libraries of the state. A book of "Don't Cards," printed in 19 languages, was presented to six large libraries and 24 anti-tuberculosis associations.

Two printed leaflets were sent out as bulletins for publication in 54 foreign newspapers in the state.

The press bulletins of the National Association for the Study and Prevention of Tuberculosis, which are issued approximately every three or four weeks, have been sent regularly to a list of 245 newspapers in the state. Three bulletins of our own have also been given to these same newspapers. Nine hundred copies of the proceedings of the Massachusetts Conference on Tuberculosis have been sent to those interested in this subject.

The educational campaign has been still further aided by talks by officers of the League and physicians who have given generously of their time.

FINANCES.

Red Cross Christmas Seals. The League was this year appointed state agent for the sale of Red Cross Christmas Seals, the territory including the entire state except Berkshire County.

One hundred and fifteen sub-agents were appointed by the League to sell seals in this terri-

tory. Most of these were anti-tuberculosis associations, district nursing associations and committees of women's clubs. As a result of this campaign, 1,827,982 seals have been sold, the receipts amounting to \$18,279.82. Of this sum 82½% or \$15,080.85 is distributed among the anti-tuberculosis associations of the state for use in their local work; 10% or \$1,827.98, goes to the National Association for the expenses of the campaign and the support of the National Association; and 7½% or \$1,370.99, for the use of this League, out of which the cost of carrying on the local seal campaign must be paid.

The financing of the League is one of the serious difficulties that we have to meet. Since we cannot solicit in communities which already have anti-tuberculosis societies, our territory is naturally limited, and suggestions as to how we shall solve this problem will be very welcome.

Attention should be called to the assistance rendered the League by the Boston Association. In addition to the \$500 donated by the Boston Association to the League, it has given without charge the use of its office, which means rent, light and telephone service, and the services of its office force.

In looking back over its first year's work, we feel sure that the League has fully justified its existence and that with the broadening field that lies before it, it well merits your continued support.

VI.

REPORTING CASES OF TUBERCULOSIS.

BY WALTER P. BOWERS, M.D., CLINTON, MASS.

THE subject assigned me has, in many of its aspects, been considered many times in the past decade, either by itself or as a feature of the laws requiring that physicians report contagious diseases. I had supposed that about the last word had been said, but since the secretary asked for a consideration of this matter, there must be a definite reason.

First, perhaps the law and rules of the State Department of Health, are not understood by physicians, or if understood, are not obeyed, and second, it may be that the people are antagonistic either to the law itself or to the way in which it is applied.

The law is clear and definite, as shown in Section 50 of Chapter 480 of the Acts of 1907, where it says that: "If a physician knows that a person whom he is called to visit is infected with any one of several diseases named, or any other disease declared by the State Board of Health to be dangerous to the public health, . . . he shall immediately give notice thereof in writing over his own signature to the Selectmen or Board of Health of the town." A penalty of not less than \$50, nor more than \$100 is provided for refusal or neglect to comply with this law.

Section 49 of the same Act provides that a