THE FUTURE OF DISPENSARY AND DOMICILIARY MANAGEMENT OF TUBERCULOSIS.

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ALTHOUGH for the administration of the National Insurance Act the Local Government Board distinguishes between dispensary treatment and domiciliary treatment of tuberculosis, we may consider them for the moment as one and the same thing. The essential point in common is that the patient continues to live at home while being treated. Practically all the existing tuberculosis dispensaries have hitherto undertaken the treatment of advanced cases confined to bed in their own homes, provided the home conditions have been such that the risk of infection was not too great, in which case they have been isolated in Poor Law infirmaries and hospitals for advanced cases.

It is possible that, as far as *insured* consumptives are concerned, arrangements may be made for the treatment of those confined to bed, by a panel of general practitioners, under the supervision of the chief medical officer of the local tuberculosis dispensary, who, if the dispensary be approved by the Local Government Board, is to be recognized as the consulting tuberculosis officer for the district served by that dispensary. Strictly speaking, in urban districts the term "domiciliary treatment," as used by the Local Government Board, applies merely to the above arrangement.

In rural districts, where distances are great and the smaller villages very inaccessible, the general practitioners will probably play a far more important rôle in the scheme, and the term "domiciliary treatment" will cover the treatment by general practitioners, under the supervision of the tuberculosis officer, of cases in every stage of the disease. Here the importance of the treatment of patients with tuberculin being strictly supervised by the tuberculosis officer is very obvious. Otherwise we should speedily have a repetition of the fiasco of 1896.

The change in attitude of the medical profession with regard to the dispensary or domiciliary as opposed to the institutional treatment of tuberculosis which has come about within the last year or so is astonishing. We are warned in the Bible that many false prophets shall arise in latter days, and truly this country has suffered in the past—at least, as far as the eradication of tuberculosis is concerned—

by listening to the conflicting advice of these over-enthusiastic gentlemen, whose chief fault lies, perhaps, in a lack of the proper sense of proportion, rather than in any wilful desire to mislead the country.

DOMICILIARY TREATMENT : OPEN-AIR METHODS EXEMPLIFIED.

Thus, we have had the segregation of all cases, the sanatorium treatment of all cases, and the tuberculin treatment of all cases, each advocated in turn as being the true means of stamping out the disease.

Certainly, judging from the unfortunate term "sanatorium benefits" which was applied to that part of the Insurance Act dealing with tuberculosis, and from some of the earlier political speeches, we were not led to expect much in the way of a well-conceived plan for fighting the disease. It must therefore have come as a surprise to many when the Departmental Committee published its Interim Report, setting forth a plan characterized by its broad outlook, clear insight, and definiteness of purpose. Proper provision was there made for the prevention, detection, and early diagnosis, of tuberculosis, as well as for the appropriate treatment of patients in every stage of the disease. But the most remarkable thing about the report was the important

THE DISPENSARY SHELTER ARRANGED FOR NIGHT USE.

place in the scheme which was given to the tuberculosis dispensary. Many of the local authorities, Borough and County Councils, had probably never heard of such an institution; certainly very few of them knew anything of its functions.

From 1887 to 1909, when the Paddington Dispensary was opened, the Victoria Dispensary, Edinburgh, was the only one in existence in the British Isles. During these last three years, however, an active educational campaign has been carried on, which has resulted in the establishment of ten other dispensaries in London, besides several in the provinces, and which has finally culminated in the official adoption by the Government of an organized scheme similar to that in existence.

in Edinburgh, as the fundamental basis of a national campaign against tuberculosis.

The dispensary now takes its stand as the headquarters of the campaign in any given district. The importance of the other factors—the sanatorium, the open-air school, the hospital for advanced cases, and the hospital for surgical tuberculosis—is not thereby diminished. By having their proper functions prescribed and by being linked up to the dispensary, which will feed them with the appropriate class of patients, the work of these institutions will become more efficient, and each will bear its proper share of the fight. The brunt of the

THE DISPENSARY SHELTER PACKED FOR CONVENIENCE IN REMOVAL.

battle, which undoubtedly lies in the homes of the poor, must, however, be borne by the dispensary.

The final eradication of tuberculosis could never be accomplished by treating those already attacked, and allowing the spread of infection to go on unchecked. Nor is it practicable to prevent this spread by isolating every case, for the two simple reasons—(1) that there are too many patients, and (2) that the duration of the disease is too long. Therefore the dispensary, with its staff of doctors, nurses, and voluntary visitors, must endeavour to prevent such spread of infection occurring. In addition it must search out unsuspected cases, and supply them with appropriate treatment immediately. Herein lies the value of contact examination, as also of the open-air school and

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the sanatorium. The bulk of the patients must, however, be treated by the dispensary itself, without being sent to a sanatorium. That such treatment may be successful when combined with improvement of the home conditions has hardly been sufficiently realized, though of late the renewed interest in tuberculin treatment has done much to bring home treatment back to favour. The dispensaries will probably make considerable use of open-air shelters in patients' backyards and gardens. The results obtained by these are sometimes astounding.