KALYRA SANATORIUM, BELAIR, SOUTH AUSTRALIA.

ANNUAL REPORT FOR THE YEAR ENDED
JUNE 30, 1919.

This institution, which was founded, together with Estcourt House for the aged blind and for crippled children, by the late Mrs. Jessie Brown, is under the control of the James Brown Trust. The majority of the patients are drawn from Adelaide and its suburbs. During the year 83 males and 76 females, a total of 159 cases, were treated; of these 19 were discharged with disease "arrested," 62 improved, 86 did not improve, 2 died, and 40 remained under treatment at the end of the year. In relation to the value of the sanatorium it is interesting to note that the arrested cases, with one exception, were all Stage I cases on admission and that among the Stage III cases admitted only 4 were discharged with any improvement at all. A table is given showing the effect of treatment upon all cases discharged during the fifteen years ended 1919. This shows that of every four patients admitted, one is cured, two improved and one unimproved. The series comprised 1,609 patients. The average age of those treated was 29.6 years.

For fourteen years an attempt has been made to keep in touch with all old patients, and a table is given showing the percentage dead within two, five, and ten years of discharge. This shows that of 700 patients traced, at least 50 per cent. were dead within two years, 63 per cent. within five years and 70 per cent. within ten years. At the end of the ten years 12 per cent. were known to be living in good health and 18 per cent. had been lost sight of. A further analysis shows the after-history of 165 cases discharged with disease arrested during the last eight years. Approximately 30 per cent. were living and in good health, 30 per cent. were lost sight of, and 40 per cent. were dead. Practically all deaths took place within eight years of leaving the sanatorium, so that generally speaking any arrested case surviving that period may be considered as "cured."

The figures are interesting, but of course lack one essential to make them of absolute value, i.e., the presence or absence of tubercle bacilli and the proof of a positive diagnosis of tuberculosis in the first place. Cures in the past have been claimed in large numbers by sanatoriums and 30 per cent. is a high figure for definite cases, unless of course the after-care conditions in Australia are better than in England, which is quite possible.

LETTERS.

TREATMENT AT DISPENSARIES.

DEAR EDITOR.—If it be correctly reported that the Essex Insurance Committee have definitely precluded the giving of any treatment by their tuberculosis officers at the various dispensaries under their control, it appears to me that some hardship will inevitably be inflicted upon certain classes of patients. I refer more particularly to poor uninsured persons, and dependents, as well as to the large class of "pretuberculous" children, to whom the weekly jar of cod-liver oil and malt, or the Parrish's food, serves as a veritable godsend, not to mention the supplies of cough linctus that alone, in many cases, is able to give a patient with a troublesome cough some relief.

I fully admit that the position of the tuberculosis officer should be in the main that of a consultant, and I think that most of us will agree that we already act in that capacity. The fullest co-operation with the general practitioner is the ideal towards which we should strive, and in most districts I am happy to believe that there does exist the most cordial relationship between the tuberculosis officer and the neighbouring medical men. It is quite right that the latter should be given the opportunity for collaborating in the great anti-tuberculosis campaign. At the same time, I venture to think that there will be many practitioners who will not view with joy the prospect of having their evening surgeries deluged with weakly children and

others for their supply of malt, or other medicines. What about tuberculin, and other special treatments? Are these not to be given at the dispensaries by those who have made of them a special study? The administration of tuberculin, "I.K.," or other specific remedies, cannot be learnt in a day, though in busy centres there is plenty of scope for clinical assistants who are desirous of making themselves acquainted with the technique of injections, &c.

It may be objected, and perhaps rightly so, that we should not allow what is meant to be essentially a consultative institute to degenerate into an out-patient department for promiscuous diseases. Personally, I always refuse to see a definitely non-tuberculous patient a second time, e.g., a case of morbus cordis, asthma, &c., and invariably refer such a one to his or her own doctor. But there must be an exception to every rule, and I think that the best way would be to give the presiding tuberculosis officer absolute discretion to treat a case himself, or to refer it to the practitioner in charge. In many cases the latter prefers that the patient should be treated at the dispensary.

I should be glad to learn the views of other readers of your most valuable journal.

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