DISPENSARY TREATMENT WITHOUT TUBERCULIN.

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THE functions of a tuberculosis dispensary are many and varied. Acting as it does as the pivot of the tuberculosis scheme in each district, its business largely consists in identifying and classifying the various types of tuberculous disease, and thereafter relegating each to its appropriate treatment in a sanatorium, hospital, or elsewhere. A diligent search for contacts, the supervision of home conditions, and the persistent dissemination of hygienic knowledge, are amongst its most obvious duties, and amidst the maze of clerical and administrative work which they involve, its powers and possibilities as a centre for treatment are sometimes apt to be lost sight of. It will, however, at once be said in regard to this that most dispensaries make a prominent feature of tuberculin administration, and in this way active and persistent treatment is constantly in force. Undoubtedly this is true, but the contention I wish to make here is that tuberculin administration is only a part, and, to my mind, but a small part, of the possibilities of a tuberculosis dispensary as regards treatment. Adoption of tuberculin therapy on a large scale by a dispensary is apt to convert a "tuberculosis" dispensary into a "tuberculin" dispensary—a very different thing.

The merits of tuberculin as a therapeutic agent are matters of acute controversy in the medical world, but there yet exists a considerable body of lay opinion which considers that no tuberculosis dispensary is doing its work properly unless the use of tuberculin is made a prominent feature. Unfortunately, it is comparatively easy to give tuberculin on a large scale at dispensaries, and the lay mind is thus easily impressed with the amount of "treatment" which is given at the local dispensary. Whereas, if little or no tuberculin is given, the layman is often unable to see that anything effective is being done. Amongst sanatoria and hospitals, where the treatment is more obvious and freer from lay criticism, tuberculin has in many places been almost entirely dropped, but it is comparatively rare to find a dispensary where such is the case. In this way I believe there is considerable danger of routine tuberculin administration being either forced upon or passively accepted by dispensary officers, the public mind having been obsessed with the claims of "tuberculin dispensaries," and being

slow to appreciate the wider outlook and larger scope of a *tuberculosis* dispensary.

What, then, are the therapeutic possibilities of a tuberculosis dispensary the management of which does not believe in the reputed efficacy of a general administration of tuberculin for dispensary work and only adopts such therapy in limited and special cases? In the first place, such a dispensary must necessarily have definite reasons for its comparative rejection of tuberculin in its work. It would occupy too much space to attempt here to discuss the matter fully, but I may summarize my personal belief as follows:

(1) Tuberculin is admittedly a powerful drug, and, unless used with extreme care, can be, and often is, highly dangerous. To my mind effective and safe tuberculin administration, at any rate in pulmonary cases, can only be carried on under institutional conditions. An *accurate* temperature record is absolutely essential, and it is really absurd to suppose that the average dispensary class of patient can be trusted to keep temperature charts with the requisite degree of accuracy under the multifarious and usually unsuitable conditions of their homes. The temperature charts of dispensary patients can only be considered at best as approximately correct, and are certainly far too rough for checking tuberculin administration as it ought to be checked. The same criticism applies to many of the other symptomatic details required in tuberculin therapy, and which many people seem cheerfully to believe can be obtained with accuracy from the class of man and woman who attends a dispensary once or twice a week. Thus, in my opinion, it is impossible to give tuberculin in other than a more or less empirical way from a dispensary, and since tuberculin is a highly potent drug, such administration is both unsafe and unreliable as a serious contribution to therapeutics.

(2) Innumerable statistics have been published showing the supposed success of tuberculin in dispensary treatment. Admittedly such success is only obtained after prolonged treatment—months or years. During any such period an individual who is attending a dispensary is subject to the influence of many factors in his home life—*e.g.*, the amount and quality of food available, the character of his work or exercise, the details of his own and his family's hygiene and his social surroundings. These vary widely from time to time, and so place him in a totally different position from the patient receiving tuberculin under the regular life and systematized routine of a sanatorium. To state, therefore, that any improvement in a patient's condition, which only takes place after a prolonged period, is necessarily due to the factor of tuberculin as opposed to the multitudinous other influences to which he is exposed, is to dogmatize on the slenderest of evidence. The proof of such assertions must rest with those who make them, but,

unfortunately, convincing proof from such uncontrolled experiments is unlikely ever to be obtained. It has been admitted, too, in a recent exposition of tuberculin in dispensary treatment that few, if any, accounts have been published of the results of dispensary treatment *without* tuberculin, and so comparison is almost impossible. Unfortunately this is true, for great has been the tuberculin obsession amongst dispensaries. Personal experience in my own dispensary, where tuberculin has been almost entirely avoided, convinces me that equally good results can be obtained without tuberculin, and I hope at a later date to show my statistical evidence for this belief.

(3). Tuberculin administration is sometimes justified in dispensary work on the ground that it forms an effective means of keeping in touch with patients, quite apart from its therapeutic value. This, I think, is a somewhat unworthy attitude to adopt, for it does not seem ethically or medically sound practice to adopt a form of treatment which is possibly dangerous merely as a bait to secure attendance at the dispensary. The dispensary officer can, I believe, though admittedly with greater labour, by dealing sympathetically and individually with his patients, secure as good attendance from them as by deluding them with the magic of an injection syringe. Unless we are convinced of the therapeutic value of tuberculin, we have no right to use so powerful a drug as a means of attracting or retaining patients.

The question therefore remains, assuming that tuberculin is unnecessary as a routine factor in dispensary treatment, what are the principles upon which treatment must be based? To answer this we must first realize that the "treatment" of a tuberculous person is a highly complex matter, and extends far beyond mere drug administration. The psychology of the tuberculous is a problem which as yet awaits adequate study, but no one who deals with such persons can fail to realize the peculiar psychological make-up of their minds. The tuberculous subject requires individual study, not only from the standpoint of pulmonary or other lesions, but also in regard to his mental characteristics, and the primary requisite in effective treatment of dispensary patients is that the doctor should know his patients in a *personal* sense, that he should study them so as rapidly to acquire their confidence, and make them believe in him and his knowledge of them, and, further, if necessary, they must be taught to fear his disapproval. Such confidence and belief once gained, the problems of treatment become greatly simplified, for it is then possible, with much greater ease, to lay down definite rules of living, to carry out effective home treatment, and to guide and assist the tuberculous patient through the many perils that beset his way.

Having, then, attempted to convince the patient that the doctor understands his complaint (and to do this perhaps the best way is

to try and make him understand the rudiments of it himself), and having as far as possible secured his confidence, I would suggest that the first line of treatment should be an attempt to apply the principles of "graduated exercise." The main rules of this form of treatment can be carried out through a dispensary with distinct success, and it is surprising how soon the average patient can be made to appreciate the scheme of treatment and to carry it out as far as possible. The taking of the temperature is, of course, usually essential, and the approximately accurate charts which are obtained give ample data for regulating the degree of exercise. In this treatment the principle of *graduation* is the all-important point; the details of "exercise" must vary widely with individual cases, but in all the absolute rule of *gradual* progress must be adhered to. By such means a case which initially has marked pyrexia can, as I have succeeded in doing in many instances, be slowly converted into an apyrexial ambulant and working case without the use of tuberculin or other than symptomatic medication, fresh air and good food being, of course, secured to the greatest possible extent for every case, whether being treated on these lines or not.

I do not propose to elaborate the various ways in which graduated rest and exercise must be applied to varying types of case. The principle is well known and universally applied at sanatoria. What I wish to urge is the wider adoption of these principles as a practical and, I believe, effective method of dispensary treatment. It is the substitution of *auto-inoculation* guided by the personal pathology of each individual in place of *hetero-inoculation* given as a routine, for which I contend. Such "tuberculin administration" produces, I believe, equally good, if not better, results than that more commonly in vogue.

In regard to drugs—and their name is legion—none are specific, some are valuable, many are useful, a few are futile. Each doctor will have his own particular favourites beyond the usual recognized essentials, and personally I believe most firmly in the value of an inhalant mixture used on a Burney-Yeo respirator for almost all dispensary cases of pulmonary tuberculosis. Continuous inhalation is, of course, impossible for the majority of dispensary patients, but nearly all, I find, experience definite and rapid relief of symptoms from the frequent use of inhalants in this way. Such treatment has, moreover, two distinct advantages in dispensary work: (1) It is cheap, easily explained, and readily carried out. (2) It diminishes the risk of infection in the patient's home. It is not necessary to limit such treatment to laryngeal cases.

To sum up, the views I have here put forward, I fear with some degree of dogmatism, are as follows: (1) Tuberculin should *not* be a necessary

part of treatment at a tuberculosis dispensary; it is usually not even desirable, because: (i.) Its administration cannot be effectively and safely controlled through a dispensary. (ii.) Its value is problematical, as no reliable statistics are possible under dispensary conditions, owing to the number of factors involved. (iii.) It is not the only way by which the attendance of patients can be secured.

(2) Dispensary treatment of tuberculosis must be based primarily upon an intimate personal knowledge by the doctor of the psychological as well as the pathological conditions of his patient. This is not easy to accomplish, but it is worth much labour.

(3) The principles of "graduated rest and exercise" can be effectively carried out in considerable detail by dispensary patients, and produce excellent results.

(4) The use of inhalants on a respirator is applicable to nearly all cases of pulmonary tuberculosis, and is a valuable adjunct to general treatment.

In this brief survey I have omitted any specific reference to the necessity for enforcing the ordinary hygienic rules in regard to tuberculosis, the visiting of homes, the regulation of diet, etc., such being matters of universal knowledge and application. I have tried to deal with points in dispensary treatment which are less commonly discussed, and my aim has been to show that tuberculin administration is at best but a very small part of a dispensary's activities. The future, I trust, may lie with the "tuberculosis," and not the "tuberculin" dispensary.

SANATORIUM BENEFIT FOR TUBERCULOUS SUBJECTS:

HOW CAN INSURANCE COMMITTEES BEST EMPLOY AVAILABLE FUNDS?

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AT no time will the value of the life of the efficient be greater to the nation than in the years that follow immediately the present titanic struggle, which is destroying such vast numbers of adults; and one excellent way by which we can reduce shortage is by exercising greater care of our prospective consumptive and other tuberculous subjects.