couraged—drugs of questionable value, such as creosote and the like, and occasional digestive mixtures and tonics. Now all these can be properly prescribed by the patient's own panel doctor, and are much better left in his hands. It would be a waste of public moneys to keep up dispensaries for such purposes as this.

Let us guard against the degeneration of the tuberculosis dispensary along these lines. Let us hold to the views that the dispensary is primarily a sorting-house and consultative centre, and a medium through which the tuberculosis officer may keep in touch with all patients well enough to attend periodically, so that his advice may always be available.

No doubt other methods may result in the attendance of larger numbers of patients, but we should set our faces steadfastly against the tendency to judge of the success of dispensary work by the number of patients on the books.

When all is said, much of the most important work of the tuberculosis officer lies outside the dispensary. In the case of the poor, it is the home conditions that constitute the root of the difficulty of dealing with tuberculosis, and much of the work of the tuberculosis officer will be taken up with dealing with this side of the question. In conclusion, I would suggest that as the term "dispensary" conveys a wrong impression, a better term would be "Tuberculosis Centre," or "Tuberculosis Clinic."

E. WEATHERHEAD.

Tuberculosis Officer, Isle of Ely.

May 9, 1920.

THE NEUTROPHILE COUNT.

DEAR EDITOR,—I notice in your May issue a short criticism of Dr. Tredgold's recent publication on "The Significance of the Arneith Count in the Hæmocyctology of Tuberculosis." At the conclusion of your review you say, "It would be interesting to know whether the phenomenon is found in all cases with increased production and destruction of white cells, such as grave anæmias and infective diseases. Furthermore, a much larger series of normals, especially in relation to nutrition, growth and metabolism, is required before any great reliance can be placed upon the test."

In two articles on the leucocyte count in pulmonary tuberculosis which appeared in the *British Journal of Tuberculosis* for October, 1916, and April, 1917, I showed that considerable importance should be attached, not only to the qualitative change in the polymorphonuclear neutrophile leucocytes, but also to the quantitative change which can be demonstrated by successive total counts. Since the publication of these two articles, I have additional experimental information that in the presence of acute tuberculous toxæmia, e.g., miliary tubercle, there is no polymorphonuclear response in spite of marked "deviation to the left."

JOHN B. McDOUGALL.

*Tuberculosis Officer
to Yorkshire W.R.*

May 13, 1920.

HOSPITALS AND SANATORIUMS.

Solarium, Derbyshire Sanatorium, Chesterfield.