

## CRITICAL REVIEWS.

## TUBERCULOSIS DISPENSARIES.

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A TUBERCULOSIS dispensary being the central unit in the Edinburgh system for the control and eradication of tuberculosis, its measure of success is dependent upon the degree to which the work is co-ordinated with the other units in that system—the sanatorium, the farm colony, the hospital for advanced cases, and the open-air school. The first tuberculosis dispensary in the world was founded in 1887 at Edinburgh by Dr. R. W. Philip, to whose great initiative and devotion to this cause is due the genesis of a perfect anti-tuberculosis organization. This has been widely adopted at home and abroad, and its essential principles are to be found in the recently-published Treasury Committee's Report on Tuberculosis, intended to serve as the model for the development of this movement throughout the kingdom.

The first principle of the dispensary system is *prevention*. It is not possible to over-accentuate this, for the danger is ever present that the immediate treatment of the individual, which appeals most to those of little imagination, should overshadow the larger issue of checking the disease at its source. No institution waiting for patients to come for treatment, no matter how scientific or specific that treatment may be, can hope to succeed along the line of eradication. Tuberculous infection is most frequent in childhood, from which period of life the malady may lie latent to break out as aggressive disease in later years. Every active case of tuberculosis must therefore be regarded as merely one unit in an infected group, the other members of which must be sought for. This is to be attained by a "march past" of the contacts—all those who have been living in relation to the original patient. Such a method of attack is based on a realization of two of the three determining factors of life—function and environment. Heredity may be ruled out at once as so much loose thought which has been permitted for too long to confuse the issue. Tuberculosis, even *in utero*, or even in the ovum, is a modification not a variation, and is therefore not transmissible in the biological sense. The question of the transmission of a predisposition is too involved to be here entered upon, but in the

opinion of the writer such does not exist. The practical application of the above factors is as follows: Over 70 per cent. of the whole population has been infected with tuberculosis at one time or another. Of these only a relatively small proportion succumb to the disease. If the function and environment of the individual be rendered antagonistic to the disease, the latter will be aborted. As Professor Sir Clifford Allbutt has truly said, many patients recover from pulmonary tuberculosis under the eyes of the profession, neither patient nor doctor being aware of the nature of the malady. If, then, the infected individual be diagnosed early, the application of the principle of pure air, great in its simplicity, a change from the physiological to the unphysiological, will in many cases achieve an arrest of the disease. This can alone be attained by the dispensary system.

With regard to tuberculin, in favour of which an enterprising campaign has been carried on in the lay press, it may be said at once that while it represents in the individual case our most invaluable adjunct to treatment, its place in the field of prevention is very strictly limited. As a diagnostic agent it is qualitative not quantitative. It is outside practical politics to inject 70 per cent. of the population with tuberculin. Its value as a prophylactic agent has yet to be proved. Thanks chiefly to the brilliant work of Béraneck and Sahli, we are beginning to gain some scientific idea of its mode of action, in contradistinction to blatant empiricism. It is only necessary, very necessary, to add that it is used at all tuberculosis dispensaries, where in selected cases most excellent results have been obtained.

Three reports of tuberculosis dispensaries have recently been issued in the boroughs of Paddington, St. Marylebone, and Bermondsey. The report of the Paddington Dispensary, by Dr. D. J. Williamson, has for its frontispiece a map of London, showing how from the first dispensary in Paddington the chain of dispensaries has now within the short space of three years encircled the greater part of London—St. Marylebone, Kensington, Fulham, Battersea, Camberwell, Woolwich, Poplar, Stepney, and Bermondsey. This is due to the great success which attended the work of the Paddington Dispensary, and to the initiative of the Central Fund for the Promotion of Anti-tuberculous Dispensaries in London. It is not possible to do justice to the Paddington report in the space at my disposal, but an idea of the work may be gathered from the fact that in the first three years of its existence, 4,162 patients have been examined, while the subsequent visits of patients in 1911 numbered 12,762. Of the 2,038 new cases in 1911, 40·73 per cent. were diagnosed as definite pulmonary tuberculosis, while 26·6 per cent. were regarded as suspected cases. It is of considerable interest to note that if these figures be added they represent 67·33 per cent. of definite and suspected cases, while at my

own dispensary (St. Marylebone) in its first year 65·8 per cent. of 690 new patients were diagnosed as pulmonary tuberculosis. The approximation of these figures is less remarkable since the methods used at both dispensaries are those taught by Dr. R. W. Philip of Edinburgh. Both the above reports contain a detailed account of the work of the open-air schools associated with each, representing a most important aspect of the whole movement. In the Bermondsey report by Dr. Robert Govan, there is an excellent exposition of the dispensary ideal—how it should be linked up with the sanatorium, the hospital for advanced cases, the farm colony, and the open-air school—acting as the “clearing-house” for each of these interdependent units in the scheme. At present this ideal has only reached finality in the city of Edinburgh, but with the new provisions for “sanatorium benefit,” there is no reason why London should not be organized on these lines into one harmonious entity.