

to avoid as far as possible crowds of tuberculous persons being gathered together at the dispensary. It is somewhat difficult to write about such dry details in a way that can be considered interesting, but it is hoped that these hints may be of use to tuberculosis officers opening a new tuberculosis dispensary.

THE AFTER-CARE OF THE TUBERCULOUS.

By ARTHUR H. PRIESTLEY,

M.B., CH.B., VICT.

IN the general chorus of approbation of the Dispensary System for dealing with cases of pulmonary tuberculosis, there seems to be a real danger of ignoring a factor at least as important as the early detection of disease or the suitable selection and prompt drafting of cases to sanatoria—viz., the systematic after-care of returned sanatorium cases. Perhaps the very size of this problem, and the fact that it would at once involve a struggle with vested interests, as well as the knowledge that it is far beyond the scope of voluntary agencies, are sufficient to delay its consideration. But it seems a pity that a more adequate allusion to the importance of this part of the general problem was not made in the Interim Report of the Departmental Committee, though there is a suggestion that it will be dealt with in the forthcoming Final Report.

It is a fact beyond question that at the present time, with all the assistance rendered by voluntary agencies, a very large number of working-class patients do relapse after return from a sanatorium to their former homes and old occupations. Statistics do not seem altogether reliable in this matter; they vary too much according to different writers' views of the efficacy of sanatorium treatment. And no doubt something more may be expected in the future from earlier detection and therefore earlier drafting to sanatoria, and perhaps from a longer sojourn there. But, speaking with all reserve, and without the smallest desire to belittle the benefit of sanatorium treatment, I venture to suggest that until institutional treatment is followed up by well-devised measures to maintain in the home and after return to work the higher standard of resistance obtained even after a comparatively short residence in a sanatorium, we shall be largely wasting our efforts to eradicate tuberculous disease.

The average stay of a working-class patient in a sanatorium is usually from three to four months. While this may be long enough under strictly sanatorium conditions, it is by no means sufficient to

permit of a return to an ill-adapted house and the usually prevailing conditions of working life. Many patients are capable of work, and even hard work, under suitable conditions; and with earlier detection we may expect an increase in their number. A few of them, on return, do find suitable outdoor occupations through the agency of voluntary organizations; some are assisted in finding more suitable habitations. But the majority represent either totally unskilled labour or else that highly specialized labour, the result of economic subdivision, which means total lack of skill outside their own particular niche in the industrial mechanism. These persons are not cured; they are only in a state of arrest of disease processes, and they are compulsorily driven back to the "speeded-up" life of modern industrialism. I maintain that if such tuberculous cases are to go back to this life, they are often allowed to go back far too soon. On the one hand, they are able to work, and the sanatorium is not the place for work other than what is required in treatment; besides which it is not desirable to encourage that habit of mind known as "valetudinarianism." On the other hand, they are not fit to resume their former place in the industrial mechanism of our time. What is required, then, is some place between the two, some place where a wage-earning occupation may be begun and carried on while living under hygienic conditions quite impossible in a city. Here is the rôle of the tuberculosis colony. It is not necessary to indicate what kinds of occupation could be carried on by these "observation cases" in such a colony. But it may be mentioned that there are many trades which both men and women could follow without the loss of all their former manipulative skill. They could not be carried on in strict economic competition with the ordinary market, but they would be considerably more productive than in the case of the labour of sanatorium cases. A proportion of the wages so earned would go to the maintenance of dependents, which would have to be supplemented out of public funds until the time of the patient's return.

I suggest that such tuberculous patients as after three or four months in a sanatorium show signs of arrest of the disease—and I believe there will be an increasing proportion of these in the future—should be drafted to a tuberculosis colony for a considerably longer period, at least a year, and probably two years. There would be no need for a resident medical staff in such a colony, though an administrative staff would be required. Periodical medical inspections should be made, and meanwhile these "observation cases" would record their temperatures and general health, and report any deviation from the normal. It is surprising what an intelligent interest consumptives take in their own cases where a reasonable hope of benefit is held out to them. At the end of the period of colony observation, the majority would be fit to return to urban life and occupation, further supervision

being exercised by the dispensary tuberculosis officer over their domestic and working conditions as far as possible.

I also think that more drastic measures are required in dealing with infected houses. The way in which small cottages, often insanitary enough at any time, are continuously tenanted, either by the same family or by another entering immediately after the death of a protracted and highly infective case and with the merest apology of disinfection, if any, is a scandal, and amounts to criminal neglect on the part of the community. A family should be immediately removed from such a house after the death or removal to a hospital of such a case, and the house should remain unoccupied for at least three months, with repeated disinfection meanwhile, before being allowed to be tenanted. This, of course, would involve compensation to the owner at the public expense. Such measures will, I know, be condemned on the ground of expense; but we must not be afraid of expense if we really desire to deal effectively with pulmonary tuberculosis and stamp out the disease. And if we do not provide for rational after-care, we may as well not build sanatoria and establish dispensaries. After all, a larger initial expense will be well repaid in future years.

HOME TREATMENT VERSUS SANATORIUM: FROM THE CONSUMPTIVE PATIENT'S POINT OF VIEW.

BY DONALD L. CAMERON.

It would seem that a party cast on a desert island pool their personalities. Now, although a desert island and a sanatorium have their differences, they are alike in this—that both are places where groups of persons, under the action of something common to them alone, are thrown together and separated from the rest of the world. This influence of a common cause produces on such classes something of the same effect. A public spirit is created, and this is always good for the individual who has something to give to the common stock, to come out of himself and to act upon and be reacted on by those around him. When treated at home the patient has none of this party feeling; he is usually much more alone, and often left almost to himself. Even in sanatoria patients have been known to doubt whether the open-air treatment, with its discomforts, was the best for them, in spite of having the advantage of a tyrant doctor immediately over them, and the example of philosophic patients around them. At home it requires