

appliances required in cases of non-pulmonary tuberculosis; (7) assistance in securing the examination of suspects and contacts; (8) assistance towards altering windows, to assure efficient ventilation.

THE FUTURE OF THE TUBERCULOSIS DISPENSARY.

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IN this short article I venture to deal with the future of the tuberculosis dispensary as viewed from a medico-educational, preventive, and curative point of view. It may seem somewhat early in the day to discuss this matter, but our minds must be forward facing if we are to prepare for coming events. Although most of our largest cities and towns already possess dispensaries, yet there are numerous smaller towns and county boroughs which have no such institution, and it will probably be some time before these towns fall into line.

These remarks, then, anticipate that the dispensary will hold its place as a vital unit in our anti-tuberculosis campaign. It has clearly come to stay. One does not wish to reiterate the well-known functions of a tuberculosis dispensary, but in connection with its medico-educational duties a few points may be emphasized. The dispensary must not be allowed to degenerate into a centre for the distribution of drugs, pamphlets, tuberculin, etc., to actual sufferers from tuberculosis, but must in the immediate future assist in the education of the public in regard to the simple facts of the disease and methods to secure its prevention. Perhaps in this direction the most difficult task of all will be to teach the average man and his wife to realize and utilize the value of pure, fresh air in the home and in the sleeping-room particularly. How seldom, walking along a street at night-time, does one see a bedroom window open top and bottom! With few exceptions, every window in the street is closed. The dispensary, using tuberculosis as a lever, may do much to alter the habits of a town in this respect. The task is a heavy one, but one that must be performed.

In connection with the function of the dispensary to serve as a Bureau of Information and Statistics, it will assume still greater importance in the future, and will provide a wealth of detailed general and clinical facts concerning the disease and its distribution. It is highly desirable from this point of view that dispensary records should be prepared throughout the country on a uniform plan. All particulars

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of each case should be filed away in a vertical folder or "dossier," and in the event of a patient moving to a sanatorium or to another district, his folder could be forwarded to the sanatorium, or to the dispensary serving that district. It will be readily seen how valuable and unique such continuous records would be.

Clinically, now and in the future, the most useful work of the dispensary must be that of the examination of contacts, especially children.

In houses where an "open" case of pulmonary tuberculosis has occurred, bearing in mind the "latent" period of tubercle, all children should be carefully re-examined several times a year, and where possible should be sent to an open-air class for "prophylactics." The tonsil and adenoid type of child should be particularly well watched. Every dispensary should have a visiting dental surgeon.

It will probably be several years before a sufficient number of sanatorium beds will be available for the country as a whole, and until these are available, dispensaries must actively treat a larger and more varied number of patients than is altogether desirable. Owing to this there is a great temptation to medical officers of dispensaries to use tuberculin more freely than is perhaps wise. While tuberculin is undoubtedly a valuable and, indeed, indispensable agent, its application is limited, and it is not a universally suitable antigen for our purpose.

I cannot but think that in the future we shall be richly rewarded by further research on the organisms contributing to the so-called "mixed infections" of tubercle. Indeed, some observers suggest that these catarrhal organisms often precede infection by the tubercle bacillus, as it were preparing and manuring the soil. While the intricate work of preparing autogenous vaccines of such allied invaders may be most conveniently done at the sanatorium, yet the prolonged administration of such vaccines (if required) may be carried out at the dispensary. In connection with the dispensary itself, vaccines may be of use in differential diagnosis. One sometimes meets a case with signs and symptoms simulating pulmonary tuberculosis, and with the temperature swinging. Repeated examination of the sputum fails to reveal tubercle bacilli, but other catarrhal organisms, such as the pneumococcus, are uniformly found. An autogenous vaccine removes symptoms, causes gain in weight, and restores health. It establishes the diagnosis, and acts also, one might say, as a preventive measure.

These remarks are somewhat disjointed, and, as I have said, it seems early yet to discuss the future of the tuberculosis dispensary and the lines along which it should work; but perhaps others will be stimulated to offer their opinions upon this subject, to indicate what practices might with advantage be followed, as the dispensary is one of the most important units in the whole anti-tuberculosis campaign.