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THE
INEVITABLE COMPLEMENT

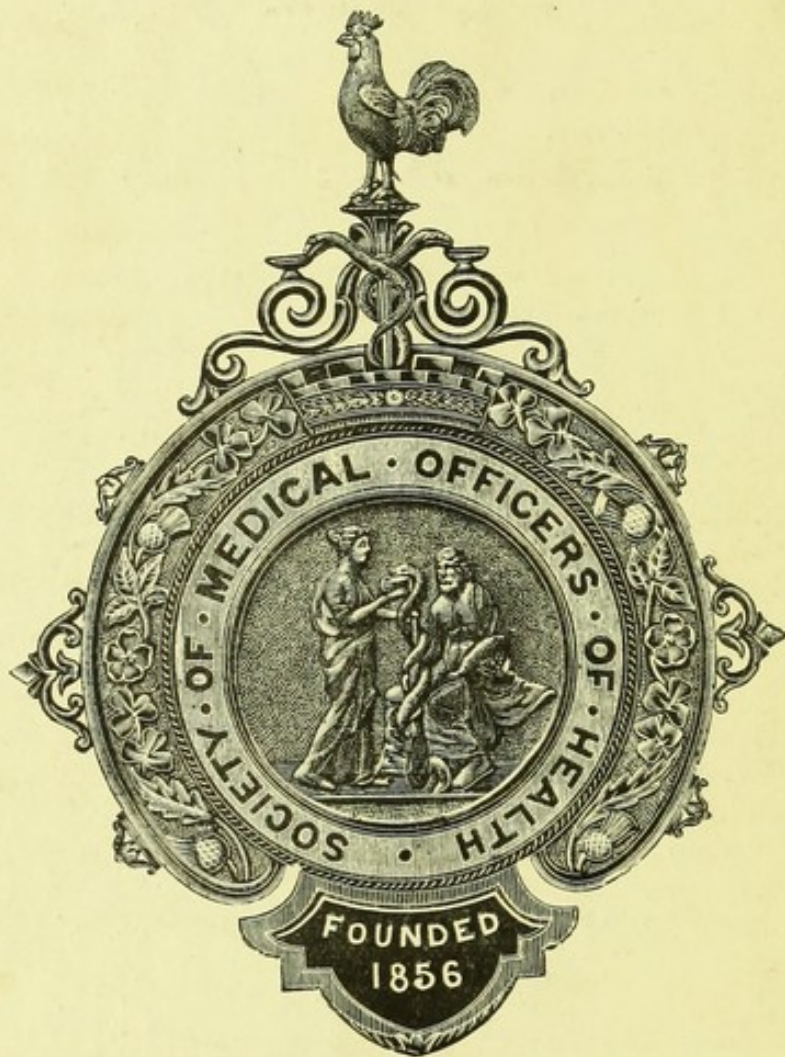
THE CARE AND
AFTER-CARE OF
CONSUMPTIVES.

HAROLD VALLOW.

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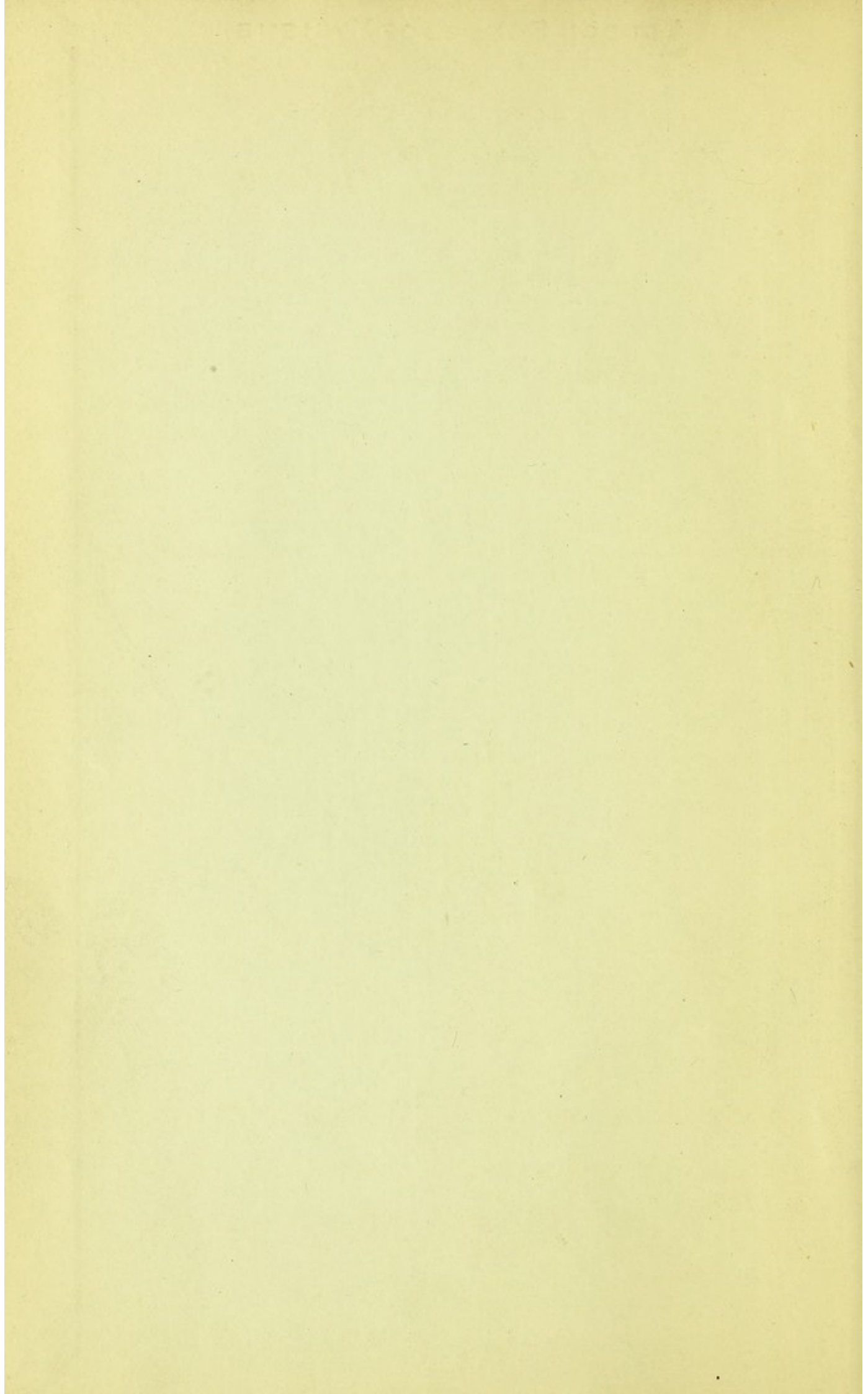
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TROPICAL MEDICINE

The Inevitable Complement

THE CARE AND AFTER-CARE OF CONSUMPTIVES

BY

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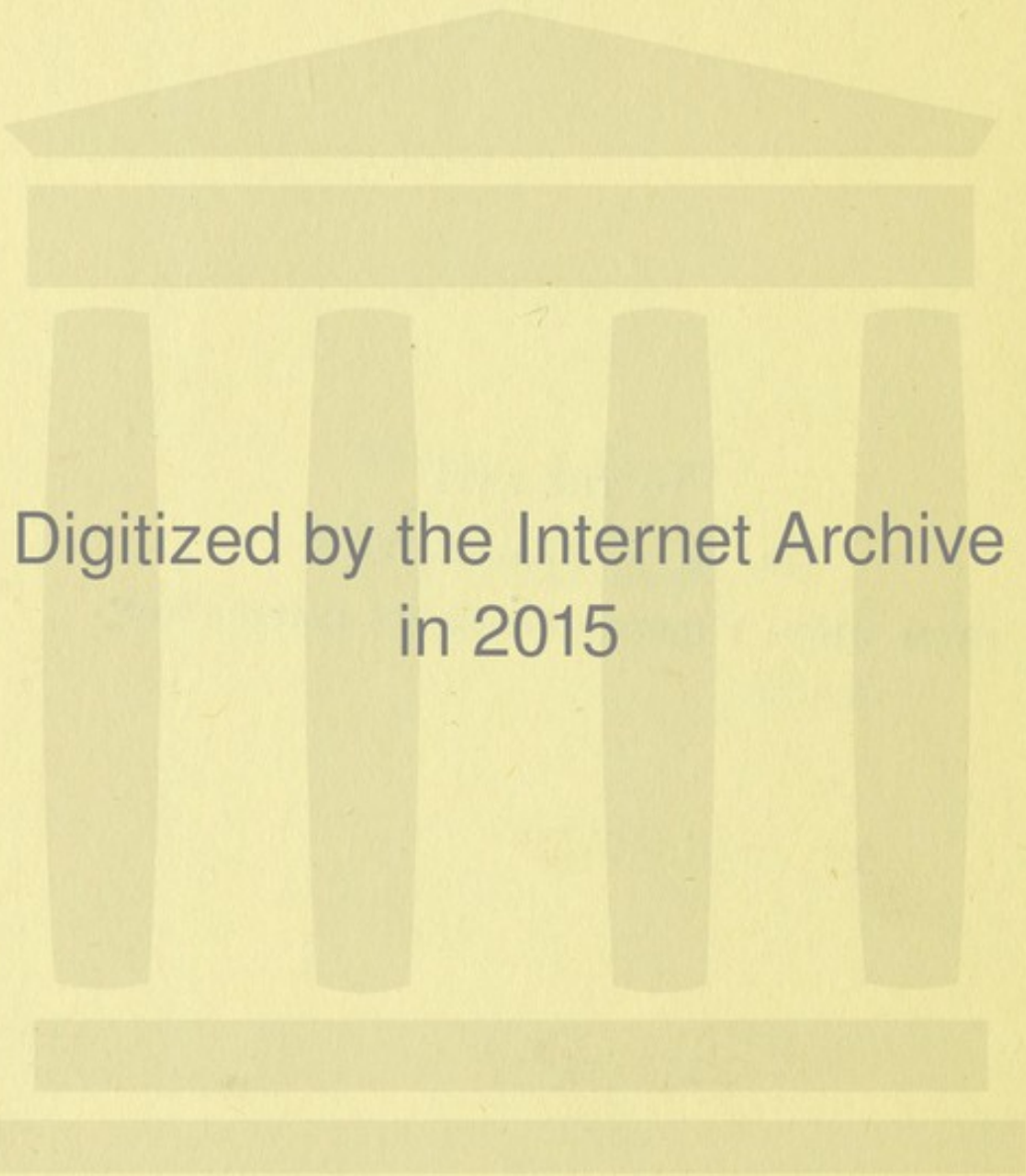
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Shadows of Beauty !
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TO THE LATE
DR. E. F. TREVELYAN
FROM WHOM I HAVE GAINED MY INSPIRATION



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PREFACE.

THE following pages may help members of Insurance Committees, Medical Officers of Health, Tuberculosis Officers, and the numerous voluntary workers in this country in their efforts to suppress that terrible disease, consumption.

It has been prepared with the intention of helping the various bodies in dealing with that most important subject—the care and after-care of the consumptive patient, so that he can—

- (1) Get to the sanatorium;
- (2) Stay there the requisite length of time;
- (3) Remain well on leaving the institution (the after-care, which includes the finding of suitable occupations for patients).

It has been written as the result of sanatorium experience by itself, followed by experience of a sanatorium and dispensary in a large industrial area.

Dispensary experience has shown that it is necessary to follow the patients up after leaving the institutions, in order that the good results obtained at those institutions shall become permanent.

I have written this small book with the object of pointing out what I think is the best method

for keeping these patients well. Only time will show how far it is the most acceptable one.

I am indebted to the numerous tuberculosis and other workers I have met from time to time for many valuable hints and suggestions.

HAROLD VALLOW.

BRADFORD,

September, 1914.

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The Inevitable Complement

(The Care and After-care of Consumptives).

CHAPTER I.

INTRODUCTORY.

YOU will know either a friend, relation or acquaintance, who has been treated for some weeks or months at a sanatorium, who has kept well and been able to follow his occupation on his return. You will also know of men and women who have left the sanatorium in an apparently perfect condition, who have gradually got worse on returning to their old surroundings and their old employment; and you will have been disappointed that these persons have not kept well, and have wondered if it be advisable to spend money on these patients, when the good they receive appears to be only temporary; you will be greatly surprised, however, when you learn that a large number of these patients need not have relapsed had suitable means been taken to prevent it.

You will therefore want to know how these relapses can be prevented—and they can be prevented by an efficient Care and After-care

Committee. For convenience, I divide patients into three classes after leaving the sanatorium :—

Those who are likely to have

- (1) No relapse ;
- (2) Preventable relapse ;
- (3) Non-preventable relapse.

It is the duty of the Committee to see that preventable relapses do not occur, and also to take measures for assisting those who are in the third class.

We have now numerous beneficial sanatoria over the whole of the country, but we have not efficient Care and After-care Committees to enable the results obtained in these institutions to be maintained when the patient returns, and therefore a large amount of money is wasted—a terrible waste—with such deplorable results. By the wise expenditure of a comparatively small sum the full advantage of the treatment could be secured both to the individual and the community.

We have proved that we can keep suitable cases of consumption well when they are living under proper conditions at the sanatorium, and if it is possible there, it is also possible when they leave, provided proper means are taken to make their home conditions as nearly perfect as those at the sanatorium, and that other faults, such as faulty employment and faulty living, are corrected.

We must bring the sanatorium to the home, for the weak link in the chain of treatment of consumption, which is preventing us from doing the patient the utmost possible good, is the home.

Sanatorium treatment consists of :—

- (1) Good food.
- (2) Good air.
- (3) Regulated life.
- (4) Graduated rest and exercise, and
- (5) Medical treatment.

Treatment on leaving the sanatorium *should consist of*:—

- (1) Good food.
- (2) Good air.
- (3) Regulated life, and
- (4) Medical treatment.

Somewhat similar to the treatment obtained in the sanatorium, with results almost equally beneficial, but these most important conditions are far from being fulfilled in actual practice.

Patients leave the institution well and return to back-to-back houses with poor ventilation, a poor table, lack of money and unsuitable employment. Can you wonder, therefore, that they begin to get worse, with all these obstacles against recovery in their path? The blame rests not upon the poor patient who has to suffer, but upon the

civilized community whose duty it is to remove these various obstacles. The obstacles are not insuperable—they only need removal—all cases of preventable relapse should be dealt with.

I make an appeal to all members of the community to insist that the Government shall provide for the people what they have promised under the sanatorium provisions of the National Insurance Act, the proper treatment for consumptives.

If this is done, this book will not have been written in vain.

I have proved (as has been proved by very many other observers) that great benefit can be obtained by the early treatment of hopeful cases by suitable means, but even some of the most hopeful of the cases retrogress after a time.

Of fifty early cases treated, the results given in terms of "Working Capacity," nearly two years after treatment, were :—

Working capacity		Before treatment, about June, 1912		Immediately after treatment		Present time
Full	...	32 per cent.	...	82 per cent.	...	76 per cent.
Partial	...	40 "	...	12 "	...	12 "
None	...	28 "	...	6 "	...	12 "

So that of the very hopeful, 6 per cent. retrogressed, for while 82 per cent. were able to do full work immediately after treatment, 76 per cent. are still able, after the lapse of nearly two years, to do so. Had efficient after-care been obtainable, I believe the proportion of retrogressions would have

been even smaller. However, it is the more advanced type of case which needs most care.

Of fifty more advanced cases treated, the results, in terms of "Working Capacity," were:—

			Before treatment		After treatment
Full	...	...	12 per cent.	...	40 per cent.
Partial	...	...	8	„	18
None	...	...	80	„	42

Had efficient care and after-care been obtainable the results would have been even better, and some of the cases which have since retrogressed would have remained well.

After leaving the sanatorium the patient should usually try his old employment, if it is suitable, as he can generally do this more easily than any other work and with less tax to himself; but he should endeavour to make the most of his spare time, which he has under his own control, and should spend his holidays in the country.

If it is an unsuitable employment, of a dusty nature, in a confined building, with no good ventilation, or is one of the dangerous trades, or if after a trial he finds he is unable to stand the strain of his own occupation, he should change to a more suitable one; but economic necessity is usually the director of such patients' affairs, and unless pecuniary assistance is granted for a time, until the patient is able to earn a fair wage at the new work, he, in many cases, will not be able to profit

by our advice. I am well acquainted with a married man who left his employment in the mill to undertake the duties of an insurance agent working in the open air, but as he was not adapted to this kind of work, the reward in wages was small. He was soon compelled to decide between his old employment or starvation for himself, wife and family. He was obliged to choose the former, and paid the extreme penalty for his devotion to his wife and family. There are many more heroes in the world than those who gain the Victoria Cross; and the ranks of consumptives show a very large proportion of such men and women facing a slow, lingering, inglorious death. We must see that the necessity for such heroism is reduced to a minimum. It can, it should be, and therefore it must.

CHAPTER II.

OBJECTS OF CARE AND AFTER-CARE COMMITTEE.

THE objects are :—

- (1) To prevent relapse.¹
- (2) To combat the fear of infection felt by employers and fellow workmen.¹
- (3) To look after the home and the family, both while the breadwinner is away at the sanatorium and after he returns.²
- (4) To prevent the development of the loafer.²

Only the fourth object requires explanation in this part of the book. There are certain patients who might work if compelled, but find it more convenient to remain among the unemployable. This malingering can be considerably lessened by members of Care and After-care Committees realizing it may be present, and by helping them to meet difficulties with their employers, preventing them from brooding over their own misfortunes and finding them an obstacle to their success in life, and by holding out the hand of friendship help them to meet the hardship of the disease.

¹ Objects given in Memorandum from National Association for Prevention of Consumption.

² Suggested by Dr. McConnel, Kelling.

CHAPTER III.

THE TYPE OF COMMITTEE.

VOLUNTARY OR MUNICIPAL.

THE first question to be considered before the formation of a Care and After-care Committee is whether it shall be voluntary, voluntary subsidized by the local or central authority (or both local and central authorities), or purely municipal.

(1) Voluntary.

(2) Voluntary—subsidized by local or central authorities.

(3) Municipal.

I have been informed that the great factor in the Care and After-care Committee being of a voluntary nature is that it is based on "sympathy" which cannot be bought, and the desire of the more prosperous for the betterment of the conditions of the less favoured ones, and that this sentiment pervades the whole of the work, but the lack of sufficient money to carry on the work is the greatest objection to the work being of a purely voluntary nature.

Therefore a certain amount of local, central, or local and central help should be introduced to make the work financially sound. This help should be as small as is compatible with the efficient working of the Committee.

It is possible that experience will prove that the Committee should be municipalized.

The advantage of municipal work is that reasonable funds would be at the disposal of the Committee.

I am inclined to think that the voluntary committee subsidized by the local or central authority is the best kind of committee to commence with, and that municipal effort should only be tried when the voluntary committee fails.

The voluntary committee should have representatives from the municipality, and these representatives should undertake certain necessary duties.

CHAPTER IV.

THE PERSONNEL OF THE COMMITTEE.

THE Committee should be composed of representatives of :—

- (1) The Health Committee.
- (2) The Insurance Committee.
- (3) The various influential charitable societies.
- (4) The religious bodies.
- (5) Other local committees interested in the welfare of the working classes.
- (6) The Chamber of Trades.
- (7) Private employers.
- (8) The medical practitioners.

Two representatives from each committee should be elected, and a chairman and deputy-chairman be chosen from men of great local standing.

The clerical work can be undertaken by the Clerk of the Insurance Committee, if he is willing, as he is able to place a large amount of valuable information regarding the insured patients at the disposal of the Committee. It can be undertaken by a voluntary worker or by a paid official.

The Committee should include a smaller committee, which specially deals with unemployment.

CHAPTER V.

MODUS OPERANDI.

THE Committee should meet periodically; once a month may have to be the time, because of the large amount of work done by the representatives on other committees, though I favour once a fortnight.

The meeting should take place in a room provided by the local authority.

The tuberculosis officer, attended by his clerk, should bring the recommendations, and the Committee should decide which representatives should take the case. In actual practice the representative most interested takes the case.

After the meeting, the clerk sends a copy of the tuberculosis officer's recommendation to the representative on a suitable form, which leaves room for the remarks of the visitor and an account of what has been done.

The representative presents his case and what has been done at the next meeting, and the matter is discussed.

In some cases the visitor will find that the patient can well afford to buy the necessary things, or do what is necessary, and in this case he informs the tuberculosis officer.

If it is a case of unsuitable employment, the case is referred to the Tuberculosis Unemployment Bureau.

In cases of urgency, the tuberculosis officer confers with the clerk, and the case is referred by them to one of the representatives.

At the next meeting of the Committee the case is either allowed to remain with that representative or referred to one of the others.

We have formed a Care and After-care Committee in Bradford, on a report presented by myself to the Bradford Insurance Committee in January, 1914,¹ and our composition and method of working is as follows:—

COMPOSITION.

Two representatives from Bradford Health Committee; two representatives from Bradford Insurance Committee; two representatives from Bradford Guild of Help; two representatives from Bradford Cinderella Club; two representatives from Bradford Charity Organization Society; two representatives from Bradford Samaritan Society; two representatives from Bradford Trades and Labour Council; two representatives from Bradford Free Church Council; two representatives from Bradford Church of England Society; two

¹ A copy of this report is given in the Appendix.

representatives from Bradford Roman Catholic Church; two representatives from Bradford Friendly Societies' Council; two representatives from Friends' Adult School; two representatives from the Bradford and District Superintendents' Fraternal Association; two representatives from the Bradford Panel Committee.

The chairman and deputy-chairman are men of great experience in public work.

The medical officer of health and the tuberculosis officer also sit on the Committee.

The Clerk of the Insurance Committee offered his services to do the clerical work.

Cases recommended by the tuberculosis officer (who is attended by his clerk, who makes notes for him, finds him papers, &c.) are referred to different members of the Committee to visit, carry out what is suggested, and report at the next meeting.¹

If the visitor is in doubt what to do after a visit, he gets into touch with the tuberculosis officer.

If an urgent case arises before the next meeting of the Committee (which takes place every month) the tuberculosis officer has been granted the power to confer with the Clerk to the Insurance Committee (who is Clerk of the Care and After-care Committee), and between them they decide as to

¹ The visitor need not visit the patient himself, but can refer the case to one of the visitors of his Society; however, the representative is held responsible for any case he or she undertakes.

which organization shall deal with the case. The Committee reserves the right of altering or confirming the recommendation made by the two officers at the next meeting.

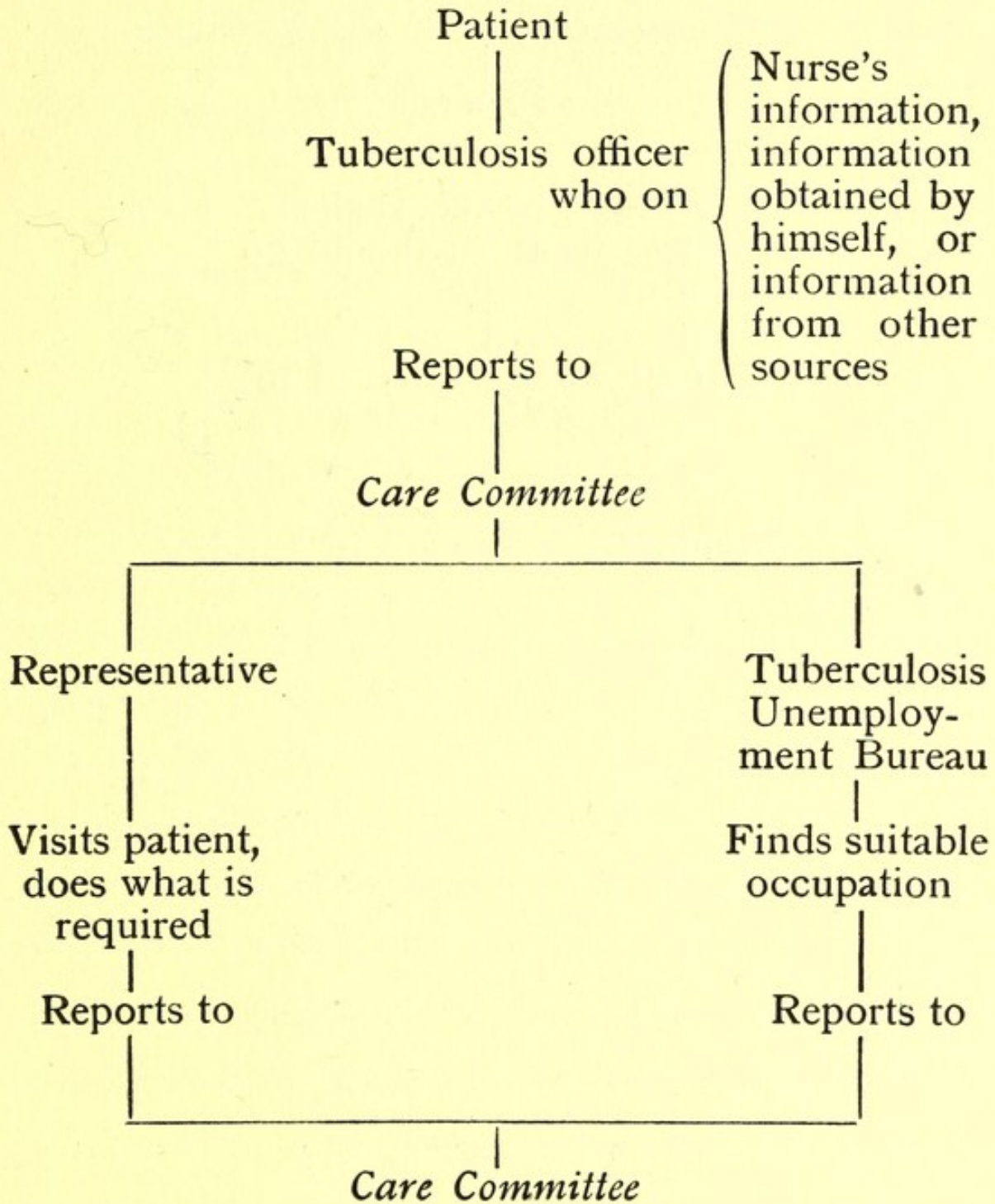
I regard the report to the Committee by each representative as one of great importance, as it acts as a corrective to desultory work.

Experience has already shown that a good visitor has enabled us to get into touch with certain matters of importance materially affecting the welfare of the patient.

An additional advantage is that it has led to a good feeling between the staff at the dispensary and the influential voluntary workers.

A Tuberculosis Unemployment Bureau has recently been formed.

DIAGRAMMATIC REPRESENTATION OF WORKING OF A CARE COMMITTEE.



PATIENT LEAVING SANATORIUM.

Sanatorium

|
PatientAdvised by tuberculosis
officer what he should do|
If necessary, referred to
Care Committee|
Committee take case in hand.

CHAPTER VI.

DUTIES OF THE COMMITTEE.

THE chief duties are :—

- (1) Finding suitable occupations.
- (2) Necessary visitation and advice.
- (3) Provision of help in the home.
- (4) Provision of beds and bedding.
- (5) Provision of extra nourishment.
- (6) Payment of moving expenses to a better house.
- (7) Impressing upon the patient the necessity of undergoing treatment.
- (8) Combating the fear of infection felt by employer and fellow-workmen.
- (9) And such other duties as experience will from time to time determine.

I have discussed the various duties in separate chapters as they require to be fully dealt with.

CHAPTER VII.

EMPLOYMENT OF CONSUMPTIVES.

BEFORE discussing the various duties of the Committee in detail, I think it advisable to write a short account on the employment of consumptive patients.

A certain number of consumptive patients will follow their old employment after leaving the sanatorium, and many of them will keep well, provided they adopt the open-air treatment in their homes, guard against excesses of various kinds, and live a well-regulated life, making the most of the time they have at their disposal.

Others will attempt to follow their old employment with no success, and will either have to stop work altogether and be dependent on their friends, relations, or the Poor Law, or endeavour to follow some suitable employment.

A third class of patient will endeavour to obtain more suitable employment in order to keep his health as good as possible. As many of this type of patient belong to the "thinking type of artisan," they will usually be able to make the change in their work eminently satisfactory.

Others will begin with suitable work, but owing to various circumstances, such as not obtaining

sufficient money, and other considerations, they will revert to their old employment.

A fourth class will not work, either because they are unable, or because they are unwilling. Malingering is difficult to check under the most favourable circumstances, but when there is a substratum of ill-health it is increasingly difficult. Some of the patients need a moral fillip to induce them to try some work, and if this is satisfactory they regain their interest in life, partly because they have not the time to indulge in morbid fancies as regards themselves.

I well remember a patient who had been to a sanatorium for a few months, who before admission to the institution was a very bright and cheerful fellow, whom it was difficult to convince that he should give up his work for a period of open-air treatment. When I saw him after his return to his home, I was surprised at his attitude; he looked well, and his wife informed me that he ate and slept well, but that he appeared depressed and could not think of returning to his work. I interviewed this patient and soon came to the conclusion that he needed a moral "pick-me-up." I talked to him gently and firmly, but as this appeared to be no use, I stormed. He got offended, which was what I was aiming at, for I awoke him from his apathy. He told me forcibly, with a mixture of expletives, that he would show

me whether he was lazy or not. The next day he went to work, and to my intense delight came to see me one month afterwards, and shook my hand, saying that I had undoubtedly saved him from becoming a lazy, careless individual, and apologizing for his language used a month before. He is now doing his work in a highly efficient way.

The efforts of the Care and After-care Committee—at least the Unemployment Bureau—are not needed for those who work at their old employment, and do well, but they are needed for those who have tried to follow their old employment, and failed through ill-health, and for those who cannot follow their old occupation. Their services are also required for those who must follow their old occupation to earn their bread.

It is well for the patient to follow his old employment if able to do so, as he can do that work with less strain on himself, and he is likely to make more money at it than in some other branch of work.

Even if he is able to follow his own work, he should do it under the best conditions, making it as near open-air employment as possible, and following up the rules of hygiene learned at the sanatorium. He should never attempt to follow hard, dusty work, with long hours. The result is sure to be fatal.

In some cases the patient is compelled by force of circumstances to follow his old employment.

The question of giving him a sum of money each week to enable him to live, while he is learning a more suitable occupation, is a difficult one. The objection is that many patients would be tempted to say that they "must" follow their old occupation, and our funds would soon be depleted. This is a suitable suggestion, and it might be tried, and if undue advantage is taken of it, it might be stopped.

It is possible that if the workers were warned that such payments would be stopped if undue advantage were taken, it would act as a deterrent. I am doubtful of its success, but it might be tried.

Those unable to work, and those who could but will not, should be carefully considered by the Committee, and suitable means provided to help the first and make the second.

A few points mentioned to me by Dr. Woodcock are worthy of perpetuation :—

(1) The trades are bad that have produced consumption.

(2) The colony where men would be partially self-supporting would help some.

(3) A transference from a stuffy railway office to work on the platform will do good.

(4) A grinding shop has been given up, and debt collecting taken on.

(5) A country cottage has been taken by a family, and the patient given a room looking into a garden on to a bank of flowers.

(6) Poultry farming is sometimes useful, but I have never yet met with a patient who has made money by it.

(7) Work in municipal parks is excellent, and should be allowed. At present, foremen of such workmen are determined to keep out consumptives. The view taken is that other workmen would slacken pace.

(8) Then there is a prejudice against phthisical tramway men. I appreciate the difficulty; only really robust and almost cured men are fit for the hurly-burly of rushing, crowded cars.

(9) Policemen often do well. Their open-air work, when it is open air, answers for them.

(10) Shops are easily made healthier. Hard work in an underground, gas-lit shop is fatal; but all shops are not of this type, and I have seen men prolong their life ten years by taking quiet shop work under open-air conditions.

(11) For women, home life with open windows day and night, and with every opportunity of treating intermittent fever by rest, is the life to be advised.

(12) Our men cannot learn to be farmers. They might be taught, but such teaching should be done by communal authorities. A farmer with a family to support, and rent to pay, may be a very good fellow, but he is never a philanthropist, and he will not pay a full wage for a cripple.

CHAPTER VIII.

FINDING OF SUITABLE OCCUPATIONS.

THE finding of suitable occupations is an extremely difficult matter, as so few of the patients are able to turn their hand to anything except their own trade.

As far as possible, light employment should be recommended, preferably of an open-air character. Work on the land should be encouraged as much as is possible, but many of these people are not able to do full work, and very few of the employers will take the trouble to give them light work.

It may be necessary that some kind of industry will have to be financed by the local authorities to help these poor people to earn their living.

I think the best method of dealing with this question is the formation of a Tuberculosis Unemployment Bureau, composed of a few members of the Care and After-care Committee, and a few influential, public-spirited employers of labour, and representatives of the Chamber of Trades.

Such a bureau would be in active touch with

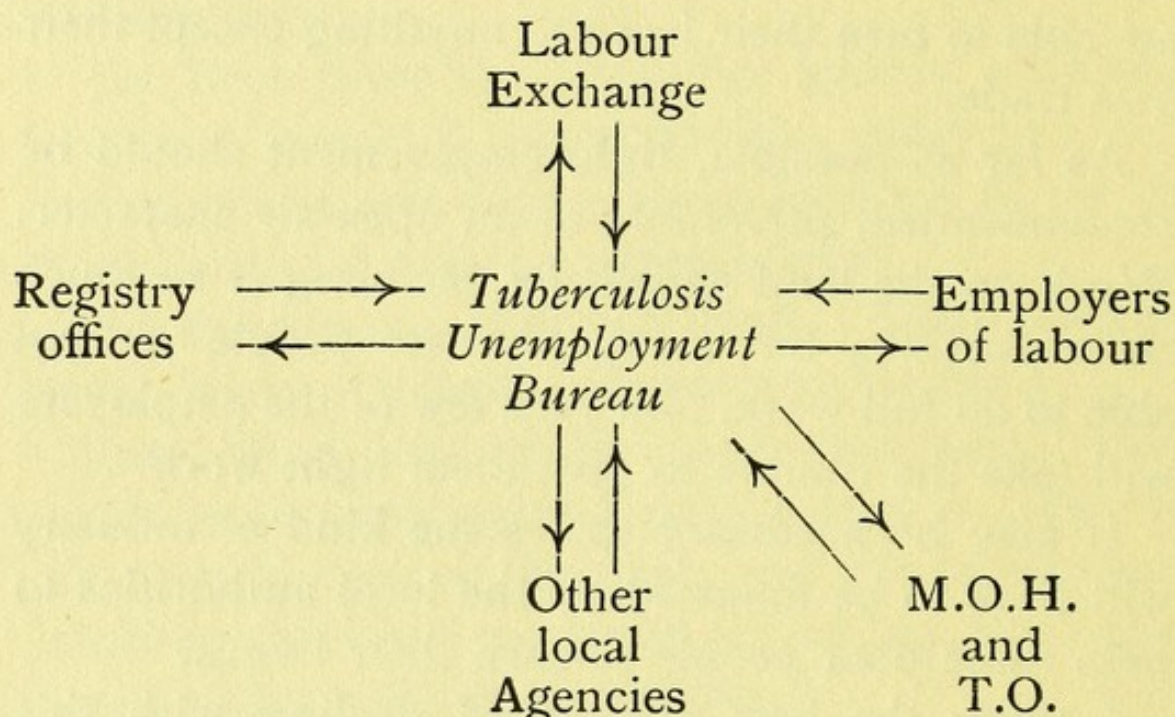
- (1) The Labour Exchange.
- (2) Various employers of labour.
- (3) Registry office.

(4) Medical officer of health and tuberculosis officer.

(5) Other local agencies as may from time to time be determined.

This is shown diagrammatically as follows :—

DIAGRAMMATIC REPRESENTATION.



List of suitable occupations for men¹ :—

Gardening.

Farm work.

Light labouring.

Chauffeur.

Driver, coachman, groom.

Carter—light, *e.g.*, laundry, tradesmen's carts.

¹ Compiled by Mr. L. V. Gill.

Window cleaning.

Messengers, bank, mill, &c.

Postmen.

Lamplighting.

Park-keeper and attendants.

Water inspector.

Hawking.

Peddling.

Commercial traveller.

Canvassing.

Tramways—driving.

News agency.

Shop work under good conditions.

Railway porter and platform work, and other
light employment.

For women¹:—

Errand girls.

Domestic service.

Hawking.

Sewing.

Dressmaking. } Preferably in the home.

Millinery. }

Girl canvassers.

¹ Compiled by Miss D. Keeling.

CHAPTER IX.

TYPES OF OCCUPATIONS TO BE AVOIDED.

OCCUPATIONS to be avoided¹ :—

(1) DUSTY OCCUPATIONS.

Dust becomes dangerous when it is

- (1) Present in large quantity.
- (2) Irritating.
- (3) When it contains germs.

Dust can predispose to tuberculosis by irritating and inflaming the respiratory passages. It opens the door to tuberculosis, as to other infections.

The general effect of mineral dust, breathed for a long period, is to cause irritation to the mucous membranes and an inflammation of the lung tissue.

The term pneumokoniosis is a general name for affections of this kind.

It is called anthracosis if caused by coal dust, siderosis by iron and steel dust; silicosis by stone dust; sinocosis by cotton particles or vegetable fibre dust.

In certain cases the dust is retained as deposits

¹ Modified extracts from Rosenau's "Preventive Medicine and Hygiene."

in the lungs and neighbouring lymph glands without further damage.

The lungs and bronchial glands of all adults are more or less coloured from particles constantly inhaled.

Under certain circumstances the dust irritates the delicate structures, and leads to infection of various kinds and destruction of tissue—stonemasons' phthisis, grinders' phthisis, and potters' rot.

Among the dusty trades may be mentioned pottery and earthenware manufacture, cutlery and file-making, certain departments of glass-making, copper, iron, lead and steel manufacturing, stone-cutting, chimney sweeping, textile trades.

Dust consisting of inorganic particles is more harmful than dust containing organic particles, because the former are sharper and more irritating.

House dust is more harmful than outside dust, not only because there is more of it, especially in ill-ventilated rooms, but because it is more likely to contain living, harmful germs.

Street dust contains coal dust, metallic dust from the operations of trolley cars, material swept from houses and from shaking rugs from windows, the grinding up of road beds by vehicles, ashes and other materials blown from barrels and teams; germs are derived from animal fæces, dried sputum, soil, and a variety of other sources. Street

dust may contain the germ of consumption and other virulent organisms.

Street dust is, therefore, more than a nuisance, for it is not only irritating, but may be a vehicle for various deadly germs, including that of consumption.

(2) CONFINED OCCUPATIONS.

It is bad for consumptives, as for all other workers, to work in small ill-ventilated and overheated rooms, as in some factories and workshops.

Persons engaged in indoor pursuits, with marked sedentary habits, are more likely to become consumptive than their more fortunate fellows who enjoy an open-air existence.

CHAPTER X.

**SHORT DESCRIPTION OF THE MOST
SUITABLE OCCUPATIONS.**

GARDENING.

GARDENING is a suitable occupation for many consumptive patients.

The open-air existence, with a suitable amount of exercise, added to the great interest that can be taken by the patient in his occupation, is of the greatest value in tackling the disease. Gardening acts as a mental and physical tonic. It gives the patient something to think about, and so he forgets his morbid ideas. When I was at the sanatorium, one of the patients was not settled, and wanted to go home. I learned that he took a great interest in gardening, so I decided to let him have charge of the greenhouses, the marrow beds, and also one of the plots used for flowers. This patient instantly began to improve; he cleaned out the greenhouse, took cuttings from the plants, cleaned all the windows, later in the year fed the marrows, or some of them, on the bottle, because we had a long rainless period; planted seeds of various kinds, which later produced a magnificent set of blooms; even fought a neighbour for stealing one of his

melons, and in every way made it a great success; and, what is more important still, improved his own condition. Unfortunately, he left the sanatorium, took a public-house, and became its chief customer. Later, however, he realized his error, had a further period at the sanatorium, took a small farm, and is progressing favourably.

Market gardening is also a suitable occupation.

FARMING.

Dr. Woodcock states that our men cannot become farmers unless trained by a communal authority. I am doubtful—for some of my patients have gone out to the Colonies and have done well in this work. I agree that all of them cannot farm, neither do I desire it. We must obtain an occupation for the patient which interests him, and if he can gain an interest in farming let him try. The more robust of patients should farm, work hard on the land, and they will get their reward. But they must not attend to the cows. We must run no risk of having our milk supply contaminated. He may look after the horses, he may drive the cart to market, he may help in the harvest field, or at haymaking, but must on no account have anything to do with dairy farming. He may undertake sheep-farming in this country or in the Colonies.

Farming is an ideal life for some of the patients

--for those suited to the work, but we must not put the man who is short of breath on the least exertion on the land; such a man must have lazy treatment, certainly not active treatment.

Active treatment is suitable for the hopeful cases, not the advanced; the latter require the bed, the former exercise.

Fruit farming is also a desirable occupation.

Labouring in the open air might be useful provided there is no heavy lifting and no irritating dust.

A chauffeur's is an interesting occupation to a man of some intelligence, and appears to be a very beneficial one; however, only a few of our men are competent to follow such work, and therefore is only of use to a limited number.

I have two patients who are following this work and are keeping well.

Driving a motor-wagon is also suitable in some cases. I have a patient who has been driving one for two years, who comes to see me occasionally, and who has not had a day off, except holidays, the whole of the time.

Driving a cart, provided there is no heavy lifting, is also useful. One of my patients, a youth who was treated at a sanatorium for some time, took up the driving of a greengrocer's cart on leaving, and I frequently have the pleasure of meeting him in the street and having a talk with

him. He is a boy of clean habits, and will do well both physically and financially.

Coachmen and grooms in good service are good occupations for some, but the former must take care he does not take cold while waiting, and in changeable weather.

A groom's position should only be taken by one interested in horses, preferably in the country.

I have known window cleaning to suit a consumptive. Two consumptives I know commenced in partnership and have made a moderate income and kept their health.

Messengers' posts in banks and mills may also be suitable for some patients.

Postmen, part-time postmen, might be successful, and frequently have been, but the speeding-up in the service militates against its being a very successful occupation for full time. I have secured suitable occupation for an ex-postman, and the change has done him good.

Lamplighting may suit some patients.

Park-keepers and attendants in parks are suitable occupations. Perhaps the attendant's position is more suitable than the park-keeper's. There is plenty of suitable work in the parks for our patients, provided the Parks Committee will allow them to be employed. Bowling-green attendants, workers on municipal golf courses, and such employment are desirable.

Water inspectors' work will suit some patients, but I have known cases where it has not been satisfactory.

Hawking and peddling seem to be very suitable employments.

The occupation of commercial traveller, taking the work easily, has suited one of my patients, who has millions of tubercle bacilli in his sputum.

Canvassing would be suitable, but many of my patients are unable to earn sufficient money to keep them in food.

Driving the tram-cars for the strong, nearly cured patients is a good occupation. The difficulty of infection arises, but these men are not infectious, they have ceased to cough up sputum, or have no germs present in it.

Dr. S. Jacob has told me of a remarkably successful case in which the occupation of tram-driving has played a large part in the successful treatment of the disease.

A man was admitted to the Leeds Sanatorium twelve years ago and was treated by the late Dr. E. F. Trevelyan. At the end of six months' treatment he was slightly improved and he was kept a further period of three months on application to the Committee, which at that time limited the stay in the Sanatorium to six months. During the seventh month he began to greatly improve, and after leaving the Sanatorium obtained work

on the trams. At the present time, twelve years after treatment at the Sanatorium, he is working and keeping well.

Newspaper selling is suiting one of my patients admirably, and is likely to do the same for many others.

Shop work under good conditions will suit a patient who has been working under closed conditions, and platform work will often suit a man who has worked in a stuffy booking office.

FOR WOMEN.

Life in the home appears to be the best occupation. I have had a large number of patients in domestic service, and they have almost invariably done well; they should not be employed where there are children.

Sewing, dressmaking and millinery should be done in the homes. It is far preferable to work this way than to go into stuffy workrooms, and the work should be done when the patient feels able.

There appear to be openings for girl canvassers at the present time, and for some of the girls this work will be found suitable.

Errand girls should be drawn from the ranks of the consumptives.

In all these occupations the condition of the patient will have to be considered in conjunction

with the financial position and the wishes of the patient.

It is useless recommending a poor patient to winter in the South of France, and we therefore have to do the best we can for the patient with the means we have at our disposal.

When the factories are altered to suit the wishes of the factory inspectors, then more trades will be open for recommendation for these patients, and there will also be less production of consumption.

Other suitable occupations will occur to medical officers of health and tuberculosis officers, from time to time, according to the local trade conditions.

My list is not complete, but it is a nucleus to which may be added many more occupations.

CHAPTER XI.

NECESSARY VISITATION AND ADVICE.

THE voluntary worker can do much by visitation, for he can get into friendly touch with the patient, particularly when that patient knows that there is an object in the visitor's presence. From time to time I have known patients who have been considerably helped in their fight against consumption by the help of a voluntary worker who has taken a great interest in the case. I well remember one female patient, of a rather ignorant turn of mind, who was not willing to stay in the sanatorium, until I asked a kindly disposed lady, who had helped her for some years, if she would visit the patient at the sanatorium. She did so, with the result that the patient stayed the requisite length of time and carried out everything I suggested afterwards. Had it not been for this lady this patient would not have benefited or carried out the necessary treatment. We are very often combating with intense ignorance in many of these patients, and the advice of a friend will very often convert an unwilling into a willing patient.

The Bradford Secretary of the Charity Organization Society has formulated a few suggestions for visitors, with the intention of helping those who

are willing to help us in this very necessary but somewhat difficult part of the work of the Care Committee.

Every visitor must be a centre of information and of influence, who by kindly help and advice ingratiates himself with the patient and tends towards his ultimate recovery.

CHAPTER XII.

PROVISION OF HELP IN THE HOME.

It is sometimes necessary to provide help in the home, especially on wash-day.

The nurses at the dispensary have frequently reported to me that patients have complained about not being able to do the work on wash-day. Many patients have told me that they can manage the household work, except on this day, and it, therefore, appears that some help should be given on this day.

CHAPTER XIII.

PROVISION OF BEDS AND BEDDING.

BEDS and bedding should be provided in cases where they are needed.

A large number of consumptive patients sleep with one or more in the same bed, as shown by the figures below :—

SLEEPING ARRANGEMENTS IN HOUSES WITH TUBERCULOUS PERSONS.

I. Separate bedroom	II. Separate bed, but others in the room	III. No separate bed ; others in bed	IV. KITCHEN		V. Downstairs in front room
			Alone	With others	
	I 2 3 4 5	I 2 3 4			
323	8 10 3 1 2	345 20 7 28	13	9	15

But many of them say that they are unable to alter this wretched state of affairs, because they cannot afford to buy beds.

I am inclined to think that as this is a preventive measure, the local authorities should buy these articles in the interests of prevention.

Consumption is often spread from person to person, provided there has been prolonged intimate contact.

CHAPTER XIV.

EXTRA NOURISHMENT.

EXTRA nourishment is a necessity, and its provision is not relief of destitution, as is so frequently stated, but is a very necessary method of treatment.

I have known a patient, who has been steadily retrogressing, begin to improve when food has been supplied, and, in time, able to do his work.

Even in hopeless cases it is our duty to make their last days comfortable, and to allow the patient to die of the disease, rather than from preventable starvation.

In a hospital the diet is an essential part of the treatment, and it is the same in regard to consumption.

We are in danger of spending a great deal of money and wasting most of it, where by the provision of a comparatively small sum for the "necessities" this expenditure will be of benefit.

You can't develop the power of a ship and starve it of coal, or it will soon run badly, and presently give up altogether.

The same applies to consumptives. You can expect no satisfactory result if you starve them.

CHAPTER XV.

OTHER DUTIES.

PAYMENT of moving expenses to a better house is also part of the treatment, in the same way as a better-class patient goes to another place for a change of air.

The Bradford Care Committee allowed the payment of the railway fare to a man whom I told to go to the South of England. He was able to get board and lodgings while there, but could not obtain the necessary railway fare. It is doing this man a great amount of good.

It is highly desirable that the visitor should impress upon the patient the necessity of undergoing treatment.

A certain percentage of patients give up all hopes of recovering on learning they have got consumption, and frequently delay until the time comes when there is no chance for them. I have known many such apathetic patients, and they are extremely difficult to deal with. They are usually a very ignorant, low type of patient, who will not stay in the sanatorium because of the necessary discipline.

Other duties will fall on the Committee from time to time, and only experience will teach us how to deal with them.

Our knowledge of after-care is in its infancy, and many developments and alterations will probably take place during the next few years.

Workers will soon recognize their most important duties, and the important part they are playing, not only in the treatment but in the prevention of consumption.

It is by the most careful attention to detail that the best results will be obtained.

The eradication of consumption in all its forms is not going to be brought about by talkers but by men taking a most active interest in the work, and learning from their own experience and that of others.

Critics will not help us; they must be avoided; we only need men and women who can tell us something, who are careful observers, and when they have made the observations will act accordingly.

In this work women will prove to be of great assistance; everyone taking an active interest in the work will be welcomed, but we have no use for drones.

CHAPTER XVI.

INFECTIVITY OF CONSUMPTIVE PATIENTS.FEAR OF INFECTION FELT BY EMPLOYERS AND
FELLOW EMPLOYEES.

ONE of the main objects in the formation of a Care and After-care Committee is to combat the fear of infection felt by employers and fellow workers of consumptive patients.

This fear of infection has led to many grave injustices to consumptive patients in the past, and can only be removed by the employers and fellow workmen accurately knowing how far consumption is an infectious disease.

Unlike such acute diseases as small-pox and diphtheria, which are undoubtedly of a highly infectious nature, consumption is only infectious, and therefore of danger to fellow workmen, when the sputum is allowed to be coughed up indiscriminately, and when it becomes dried and takes part in the formation of dust.

Many consumptive patients are not in the least degree infectious, as some of them cough up no sputum whatsoever, and others cough up sputum which contains none of the germs of that deadly disease, as recognized by the approved methods of examination.

Other patients do cough up sputum which contains millions of tubercle bacilli.

Many of those who have what might be termed "live sputum" are not in the ranks of those able to do their work, but a certain number of them are able to work under suitable conditions.

Provided that suitable means are used to prevent the dissemination of sputum, when it contains germs, and to err on the side of caution the sputum of patients which does not contain germs is treated in a similar manner, the risk of infection is decidedly small; in fact, in almost every case it can be neglected.

Experience has shown that a large number of employers and fellow workmen of the consumptive will not have a consumptive patient either working for them or working with them, and that the unfortunate patient is treated as a human leper.

I have been informed by a man who has been engaged in the eradication of consumption for at least fourteen years, that many patients who have been treated at a sanatorium and have been turned out in a good condition, have been unable to obtain suitable employment owing to this unreasonable fear. One patient left the sanatorium fit for work, willing for work, but when it was learned that he had consumption, he was at once told that there was no vacancy for him.

Other patients have told me that they dare not

let their employers and fellow employees know that they are being treated for consumption, and that they dare not take a sputum flask with them to their work, because immediately it was produced and seen they would lose their employment. This is an extremely difficult and dangerous thing to occur, because it leaves the healthy type of consumptive, the man who is able to do his work, to use subterfuge, and instead of keeping the sputum within the limits of a wall of glass, when it can be destroyed at intervals by suitable means, he spits in convenient corners, and then the danger of infection is a real and not an imaginary one.

The large percentage of contacts examined showing tuberculosis might reasonably lead the uninitiated mind into thinking that consumption is a dangerous, infectious disease, but it is only by prolonged intimate contact that consumption is spread.

It is by sleeping in the same bed for a considerable number of hours, over a long period of time, in houses where the atmosphere is stuffy, the rooms dusty and unclean, and no good ventilation, that consumption is spread, and not by working with fellow consumptives, if that consumptive carefully disposes of his sputum.

I know of men who have had consumption for fourteen years who, working at suitable employment and living under good conditions, have not

only kept well, but the health of their wives and families has also kept good. Of course, such patients have slept alone. They have used their own towels, they have efficiently disposed of their sputum, and in every way have taken the greatest care.

It would be well for the municipality to provide cottages on the outskirts of the town where these patients might sleep during the night.

CHAPTER XVII.

**THE PREVENTION OF THE DEVELOPMENT
OF THE LOAFER.**

THE main objects of the Care and After-care Committee have been discussed under various and suitable headings, but the last object, the prevention of the development of the loafer, requires some special remarks in order to point out that the development of the loafer is likely to occur and that means should be devised to prevent this occurrence.

Sanatorium treatment has one great drawback, and that is, the lazy life necessarily led by the patients appears to have a degenerating effect on even the most well-balanced minds, and this effect has to be combated with when the patient leaves the sanatorium.

This can be effected by :—

- (1) The patient himself; and
- (2) The influence of a friend, or a good visitor from the Care and After-care Committee.

Patients must be encouraged to take an interest in life, and told and be made to realize that the object of their stay at the sanatorium is to make them fitted for their work in life; that it is a

method of increasing their resistance to tuberculosis at the time when it is most needed.

I have known of many patients who have been hard-working men and women before admission to the sanatorium, who have developed into lazy, careless individuals on their return home. These patients can be made to realize that they are not acting in their own interests, that a state of mental stagnation is not in their best interests, and that they are more likely to keep well if they have some work to do.

Loafers are developed in the following way :—

(1) When the patient has been to a sanatorium and has temporarily lost his inclination to work.

(2) When he has been unable to get suitable employment, and, in his disappointment, loses interest in himself and others.

(3) When he is unable to follow his own work after a trial, and firmly gets the idea that he will never be fit for work again.

These ways appear to be the most important ones, though other causes will be found on investigation in individual cases.

The actual cause should be ascertained in each case, and when found corrected by the most suitable means.

CHAPTER XVIII.

CONCLUSION.

THE fight against consumption has only recently commenced in earnest, it is in its infancy, and it is the duty of those of us who are actually seeing the cases to use our influence on the Committees and the medical officers of health from time to time.

The results will be better if the Local Government Board and local authorities will only recognize the results of clinical experience, and not try to conduct the campaign on entirely public health lines, then we shall gradually eliminate the disease from our midst.

We must have co-operation of all political parties; it must be carried out on a non-political basis; the least mistake will impair the efficiency of the movement. When we remember that by ridding the country of consumption we are curing a large number of other social ills of which it is an indication, then all who love their country will unite with us in the common cause. We shall then march triumphant over the forces of evil.

APPENDIX I.

TWELVE EXAMPLES OF THE KIND OF CASE REQUIRED
TO BE DEALT WITH BY THE CARE AND AFTER-CARE
COMMITTEE.*Case of Woman requiring Milk and Eggs.*

(Not insured.)

Woman, aged 30. Weaver.

Had a child, and did not pick up as she should have done.

On examination, found that early tubercle was developing; she was unable to accept sanatorium treatment owing to having to care for the children.

I recommended milk and eggs, and treated her at the dispensary.

She put on 28 lb. in weight as the result of these combined measures.

Case requiring Bed and Bedding.

Girl, aged 23. Weaver.

Two in family, mother and daughter.

Mother earning 12s. when in full work, but work not regular.

Daughter unable to work.

Only one bed for mother and daughter.

In addition to asking for milk and eggs, I requested that a bed and bedding be provided for the girl to sleep alone.

Case requiring Money to pay Fare to South of England.

Man, aged 38. Chemist.

Treated at sanatorium, then ordered to go to South of England for a change of air.

His sister would keep him while there, but could not afford the fare.

I recommended that the fare (return) should be allowed, and this was granted.

Case requiring Boots while attending Dispensary.

Girl, aged 13.

Had tubercle of the lungs, and was being treated at the dispensary after being at the sanatorium.

She was unable to attend regularly, as she had no suitable boots for wet days.

I recommended that boots should be provided to enable her to continue the treatment, and they were at once obtained.

Case requiring Boots while in Hospital.

Man, aged 21.

Being treated at the hospital.

Matron reported that he required good boots as his own were in a bad condition, and he was unable to buy better ones.

I referred it to the Care and After-care Committee, and the boots were supplied.

Case requiring Change of Occupation.

(From old occupation to one more suitable.)

Man, aged 41. Brass finisher.

Early case treated at sanatorium, doing almost full work at a trade which is gradually undermining his health.

I recommended that more suitable employment be found.

Case requiring Change of Occupation.

(This was obtained—had to change again to a more suitable one.)

Woman, aged 40. Book-sewer (hand work and dusty).

Treated at sanatorium and did well there. I recommended her to take up more suitable work.

She obtained work in "a home," but the work was too heavy and she gave it up. The Care and After-care Committee then found her work in some offices in a good part of the town, and the change has been satisfactory.

Case requiring Pecuniary Assistance.

Youth, aged 15. Doffer.

Boy suffering from early tubercle of the lungs. Only two in the family, mother and son.

Boy earns 9s. 8d. per week, and is the sole supporter of himself and his mother. Rent 3s. 6d.

In this case I recommended pecuniary assistance as this boy was likely to keep well, provided he obtained suitable food and lived in a better house.

I recommended the visitor to endeavour to get them to move to a better locality.

*Case requiring Pecuniary Assistance for the Family
to enable Patient to go to Hospital.*

Girl, aged 16. Re-winder.

Suffering from advanced phthisis.

Unable to go to hospital as she contributes to the upkeep of the family, and must work to make ends meet for the family.

Three in family—girl, mother, father. Father paralysed and cannot work.

I recommended that money be given to the family while girl is in the sanatorium.

*Case where good moral Influence of Visitor is
required*

(and some nourishment).

Woman, aged 39. Married.

Suffering from pulmonary tuberculosis; very neurotic woman; easily misguided by her pseudo-friends.

Total income, 15s. 9d.

Number in family, six.

Rent, 4s.

I recommended milk and eggs and a good visitor. The patient tends to be alcoholic, and I recommended the visitor to use his or her influence with this patient.

Case requiring Visitor to act as Friend.

Girl, aged 18. Spinner.

Has pulmonary tuberculosis.

This girl is an orphan, and has to keep herself on

12s. 6d. per week received as wages. She is at a dangerous age and needs guidance.

I recommended milk and eggs, and a visitor to help her and direct her life.

Woman unable to obtain a better House.

(To assist her to do so.)

Woman, aged 35. Housewife.

Eight in family. Living in small house, 3s. 6d. per week rent.

This patient was found to be suffering from pulmonary tuberculosis, and acting on my advice tried to get a better house. She was prepared to pay 6s. per week rent, but was unable to obtain a house, partly owing to having no time to look for one.

I recommended that a visitor should assist her.

APPENDIX II.

SUGGESTIONS FOR VISITORS.

(J. DUNN, Secretary, Bradford Charity
Organization Society.)

THE visitor should bear in mind the object of the visit is not to confer a favour, but to make a friend. The true relationship—the only relationship—in which sincerity and frankness are possible, is that of friendship.

There must be a reason for the introductory visit, and it must not create suspicion that the visit is made out of idle curiosity, or for asking impertinent questions.

Confidence must first be assured, and almost immediately the various causes of the distress and sickness will be readily told in a private conversational way to the visitor, who will in a very short time be able to make many necessary and beneficial suggestions.

If the object of the visit is to help to find suitable employment, details of income are not absolutely necessary; but if the request be one of pecuniary help, the full circumstances, the number of children, and the wages of all earners must be carefully inquired into, as it is only by knowing all the facts of the family's position that these persons can be suitably and adequately treated.

Sometimes it is wise to ascertain two or three previous addresses, from which the visitor may

learn that the people have at one time lived in a better neighbourhood; there may be a reason over which they have no control to account for the change.

Many times one will find in a low neighbourhood persons who ought not to be there, who with a little help and advice may be restored to their former positions.

A visitor on first call may perhaps think nothing much can be done in the way of advice or of rendering assistance, but after a little while it will be found that some grand idea has suddenly dawned upon him, which, if carried out, would be of great and permanent benefit.

Such ideas only strike one by repeated visits and learning a little at a time, but once the proper way of being able to do the right thing is realized, the visitor must at once get to work and carry out his plan as soon as possible.

If he fails he must not be discouraged, but still go on visiting until he has accomplished what he set out to do.

Difficulties often present themselves, but it will be found they can be got over by timely thought and care.

The visitor must not forget that much useful information can be got by consulting the representatives of the various charitable institutions of the city, and no doubt often, in addition to giving information, they could supply the necessary assistance.

If you are ever inclined to ask: What is the good of it? Who will benefit, and how? Consider that in connection with all good service there is the idea

of development, growth, progress. A new friendship opens out new interests, a wider outlook—and the benefit is mutual.

It is by respecting, admiring, and encouraging that which is good, rather than by condemning that which is bad, that good grows, deepens, and bears fruit.

It is somewhat difficult to put down in writing all the good that can be done by a "Friendly Visitor," but I know by an experience of over thirty years as a visitor that a friendship may not only encourage what is already there, but it may sow the seeds of new and higher ideals, cheerfully and hopefully showing that no ideal is too high to be aimed at and striven for.

Anyway, it opens the way to further service and much usefulness.

APPENDIX III.

SUGGESTED OCCUPATIONS FOR CONSUMPTIVES.

(Supplied by Miss McGAW, Hon. Secretary,
Paddington Tuberculosis Dispensary.)

It must be remembered that though these occupations are suitable under *good* conditions, yet they can be most unsuitable if carried out under bad conditions, and before recommending any consumptive to pursue any of these callings, it is well to inquire into the exact conditions he or she intends to work under.

Men.

- | | | |
|---|---|---|
| Errand boys | } | unless well enough to be
apprenticed to a healthy trade. |
| Golf boys | | |
| Messenger boys | | |
| News boys | | |
| Van boys | | |
| Bath chairmen. | | |
| Basket-making. | | |
| Bus and tram conductors. | | |
| Caretakers (if not compelled to sleep in unhealthy
basements). | | |
| Carpenters and joiners. | | |
| Commissionaires. | | |
| Chauffeurs (motor-buses, taxis, and private
motors). | | |
| Exhibition attendants. | | |
| Farm labourers. | | |

Fishermen (line fishing only).
Foresters and under foresters.
Gamekeepers.
General labourers (except very dusty jobs).
Hawkers.
Insurance and commission agents.
Light porters.
Lodge porters.
Market and flower gardeners.
Motor cleaning.
Night watchmen.
Park attendants.
Park rangers.
Painters and decorators.
Policemen, postmen, telegraph boys (if already
in one of these services).
Rent collectors.
Sandwich men.
Shoe gilder.
Ship's stewards (if accommodation is good).
Station bookstall attendants.
Timekeepers.
Ticket collectors.
Travellers.
Van, bus, cabdrivers, and coachmen.
Window cleaning.
Wood carvers.
Wood road layers.

Women.

Basket-making.
Buttonhole-making.
Care of home.

Caretaking (if not compelled to sleep in unhealthy basements).

Charing (under good conditions).

Cork sorting.

Dressmaking.

Farm work (except in dairy).

Flower, gardening and selling.

Flower, market or French gardening.

French polishing (if patient is strong enough).

Hop picking.

Housemaid's work (if not in contact with food or children).

Ironing, folding, and mending (in laundry).

Jewel-case making.

Lace-making.

Leather works.

Message girls.

Millinery.

Needlework and embroidery.

Net making and repairing.

Pea picking.

Poultry farming.

Sanatorium servants.

Secretaries (skilled and unskilled).

Shop assistants and cashiers (in airy shops).

Teachers (in open-air schools).

Umbrella-making.

Waistcoat-making.

APPENDIX IV.
 NATIONAL HEALTH INSURANCE.
 BRADFORD INSURANCE COMMITTEE.

Report by Dr. VALLOW on the question of "After-care."

(Presented to the Bradford Insurance, Sanatorium, &c., Sub-Committee on Wednesday, December 17, 1913.)

AFTER-CARE is necessary—

- (a) To combat the fear of infection felt by employers and fellow-employees; and
- (b) To prevent relapse.

The necessity of after-care is set out by the Departmental Committee of Tuberculosis in their Interim Report, and the Local Government Board has expressed its concurrence with their recommendations.

An After-care Committee—

- (a) Should arrange that the patient be given a good chance to meet the handicap of his disease after he returns from the sanatorium;
- (b) Should stimulate him to make full use of the knowledge he has gained; and
- (c) Should prevent him from making mistakes, and so endangering his future.

After-care is begun at the sanatorium.

Here the patient is shown that a return to a wage-earning capacity is the object of his stay, and he is gradually got into work in and around the institution, and turned out hard and capable. He is taught the principles of his treatment, and how to keep well afterwards, and what to do and what to avoid, and in due course advice is given him as to the line of life he had better adopt in the future.

On his return home, or if he be treated at the dispensary and not at the sanatorium, the patient comes under the influence of the After-care Committee, guided by the tuberculosis officer.

A memorandum of the advice given at the sanatorium will be available, and the patient will be helped to find work if he is capable of it, and if his former situation is not open to him. His home surroundings will be inquired into; everything possible will be done to make his way easy and to give him a fresh start in life, to prevent lapse, and to encourage him to carry out what he has learnt, and to influence all with whom he comes in contact.

Patients should usually return to their old employment, and should make the best use of their spare time, over which at least they have control, carrying out in every possible way, in their own homes, the principles of the open-air treatment learnt in the sanatorium, both as regards themselves and their families.

It must be remembered that consumptive patients must always be careful, and must always live by rule.

The Organization of the After-care Committee.

- (1) At the dispensary, the tuberculosis officer, who first sees the case, and sends him for admission to the sanatorium, and who will keep him under supervision at the sanatorium and on his return.
- (2) At the sanatorium, the resident medical officer, who gives lectures and teaching. The tuberculosis officer, who will interview and advise each patient as to his future work and mode of life.
- (3) At the dispensary, the After-care Committee proper, composed of a Committee which should be representative of all the charitable societies, social workers from institutions, churches and chapels, a tentative Committee being as follows:—

Insurance Committee ¹	...	2 or more	chosen by their	Committee
Health Committee	... ..	2	”	”
Cinderella Club	... ..	2	”	”
Samaritan Society	... ..	2	”	”
Guild of Help ...	... ..	2	”	”
Society for Relief of Foreigners in Distress	... ..	2	”	”
Bradford Needlework Guild	... ..	2	”	”
City Mission	... ..	2	”	”
Bradford Trades and Labour Council	... ..	2	”	”
Charity Organization Society	... ..	2	”	”
Friendly Societies	... ..	2	”	”

No doubt ten representatives from churches and chapels could easily be obtained, which would make a Committee of thirty to start with. Others could be appointed at the discretion of the Committee. The Committee would act in full conjunction with

¹ It is not essential that these suggested representatives be adhered to.

the tuberculosis officer, whose advice and direction they would follow. With the assistance of the special phthisical nurses, health visitors, and local charity organizations this Committee would keep in touch with the patient, and would carry out the duties of after-care already mentioned.

The After-care Committee by—

- (1) Friendly visiting and advice.
- (2) Extra nourishment.
- (3) Part maintenance of family while patient at hospital or sanatorium.
- (4) Provision of separate beds and bedding for patients to sleep alone.
- (5) Paying of moving expenses to allow for removal to better house.
- (6) Provision of warm clothing.
- (7) Impressing upon the patient the necessity for undergoing treatment and carrying out the various methods of treatment are the main things which a Care Committee should deal with.

If such a Committee be appointed through the influence of the Bradford Insurance Committee, I will promise to make it a personal matter and to see that the After-care Committee is as great a success as the dispensary has been. However, we require some money to be going on with.

Inquiries have been made by Mr. Flather, the Clerk of the Bradford Insurance Committee, in order to find out what is being done by other Insurance Committees. In Berks County the main Insurance Committee has done nothing, but three of the District Committees have, and most of the other

Insurance Committees have the question under consideration.

I see no reason why Bradford should wait for other districts. There is no reason whatever, as Bradford has been in the forefront in dealing with tuberculosis, why she should not be one of the first to see that an efficient After-care Committee be formed.

By provision of a sum of money, and by working with the various organizations, the chance for the consumptive will be greatly improved. Experience has shown in Bradford that, in a certain percentage of cases, it is not necessary for a patient to stay in a sanatorium for a considerable length of time. In some cases, indeed, the stay at a sanatorium of any period beyond six to eight weeks appears to be detrimental to their condition, but although we can turn out the patients physically fit, we do not turn out the patients wishing to work. If, however, we keep them six to eight weeks, it is much easier to get them to work and to remain there.

The judgment of sanatorium treatment, in my opinion, is not merely the physical fitness of the patient, but the physical fitness, combined with the moral aptitude to work. We must not make a man physically fit, and a street-corner boy, but as fit as possible, with the inclination and the intention of doing his work, and then we turn out a good useful citizen.

I have, at the present time, at least thirty patients who have not been to a sanatorium, who are working and doing well. In these cases, the treatment at the dispensary has cost 7s. 6d. per week. Had sanatorium treatment, of three months' duration,

been allowed at £1 15s. per week, the cost would have been £630. The dispensary treatment at 7s. 6d. per week cost £135, and a total sum of £495 has been saved.

I have taken eighteen insured cases, either having only dispensary treatment, or short sanatorium followed by dispensary treatment. Every patient is now working, and doing extremely well; twelve of them have not been to a sanatorium, and £1 7s. 6d. per week has been saved on each case, amounting to £198; six had one month's sanatorium treatment, thereby saving £66, making a total of £264 saved.

Some of this money saved might well be handed over to the Care Committee to help them in their work.

In some cases it is necessary for prolonged sanatorium treatment, and a certain amount, in money or in kind, might be allowed to help them to gain their independence.

It can also be used for the after-care of other cases after leaving the sanatorium, and in a certain class of case, who are at the present time dying, and whose suffering is intense.

It is highly desirable in a certain class of case, where it is not necessary to go to a sanatorium, or where, for various reasons, such treatment cannot be accepted, that such help be forthcoming.

For after-care of the patient who has consumption is a part of the treatment, in the same way as the dieting and good nursing in a hospital and institution plays a very important part in the treatment.

HAROLD VALLOW,
Tuberculosis Officer.

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