

Report of the Medical Officer of Health on the tuberculosis dispensary.

Contributors

Evans, W. Arnold.
Bradford (England). City Council. Medical Officer of Health.
University of Leeds. Library

Publication/Creation

[Bradford] : [publisher not identified], [1911]

Persistent URL

<https://wellcomecollection.org/works/ft6jc2yg>

Provider

Leeds University Archive

License and attribution

This material has been provided by This material has been provided by The University of Leeds Library. The original may be consulted at The University of Leeds Library. where the originals may be consulted.
Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

CITY OF BRADFORD.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

ON THE

TUBERCULOSIS DISPENSARY

***Report of the Medical Officer of Health
on the Tuberculosis Dispensary.***

MR. CHAIRMAN AND GENTLEMEN,

In accordance with the following resolution of the Health Committee of June 14th, 1911, viz.:—

“ That the Medical Officer of Health be requested to report
“ to the Committee on the following matters, viz.:

“ (1) The Dispensary System for treatment of Tuberculosis ;
“ and (2) The advisability of converting one of the wards
“ at the Bierley Hall Hospital into an educational block
“ where persons suffering from consumption may be
“ trained in methods of living calculated to prevent
“ risk of infection to members of their families or others
“ with whom they may be brought into contact.”

I beg to report as follows :—

(1) As to the Tuberculosis Dispensary.

During the year 1910 there were in Bradford 324 deaths from Pulmonary Tuberculosis. In view, however, of the insidious onset, long duration, and periods of latency characteristic of Pulmonary Tuberculosis, one is justified in assuming that for every case reported as fatal or under treatment at some public institution there are ten others which are not suspected but which will eventually appear at some time in the near future

for treatment either by the private Medical practitioner or at some public institution. It is only on presentation of such cases for treatment that the public Health Officer becomes cognisant of their existence, and then only of those which are attended by the Medical Officers of hospitals, or other public institutions, for it is only in reference to such cases that notification is compulsory.

The mortality from Pulmonary Tuberculosis during the past thirty years in Bradford has been as follows, stated at the rate per 100,000 of the population in six five-yearly periods:—

Periods	Death-rate per 100,000.		
1881-1885	217.4
1886-1890	206.3
1891-1895	169.9
1896-1900	157.5
1901-1905	126.8
1906-1910	119.8

Although these figures show a considerable and continuous decline in the prevalence of Pulmonary Tuberculosis, there is still much work to be done before the disease is practically eradicated, and in view of the fact that most of the victims are the bread winners of the family, any expense incurred in the process of eradication will in the long run be an economic gain. It is, therefore, in my opinion, essential that there should be some organisation which can cope with the cases of Pulmonary Tuberculosis which come to the notice of the Health Department, either by formal notification, or otherwise.

The only such organisation of which I am aware is the Edinburgh system, the principal part of which consists of what for want of a better term is known as the "Dispensary," but which I should prefer to call a "Tuberculosis Clinic." This institution would work in the closest relationship to the

homes of the people ; to it most of the tuberculosis poor of the district would come and be sorted out for appropriate treatment.

At such a Clinic facilities for the examination, diagnosis, and treatment of all classes of cases would be provided, and its doors would be open to all without letters of recommendation. As it exists in Edinburgh the Dispensary does not content itself with giving medicine or other treatment, but the patient's home is visited, first by a nurse, and afterwards by a qualified clinical assistant. Any other suspected cases in the family are then examined, and brought if possible under the influence of the Dispensary ; should there be any early cases amongst the other members of the family appropriate treatment in a sanatorium would be recommended, and if any other advanced cases were met with the necessary advice and educational influence would be brought to bear. The various occupations of the family would be inquired into, and if found to be unsuitable efforts would be made to give such assistance as would provide, if possible, other employment of a more suitable character. The examination of the family is what Dr. Philip describes as a " March past," and by this methodical examination many cases have been discovered which otherwise might have existed for months or years without any treatment or advice.

The Dispensary may therefore be described as a clearing house of the whole of the tuberculous material of the district, and through its agency some cases would be sent for treatment at a sanatorium, others to a hospital for advanced cases, and some others brought under the influence of other agencies assisting in the work.

The Dispensary, in addition, would gather valuable statistical information in regard to the distribution of disease in the various localities of the City, and would become in time a valuable bureau of information.

This is essentially what is now known as the Edinburgh system, and has been adopted by the Local Government Board

of Scotland as a national scheme for that country ; it has been described by Dr. Herman Biggs, Medical Officer of Health for New York, as a perfect organisation, and the one on which he has based the whole of his anti-tuberculous measures of that city.

Tuberculosis Dispensaries have already been established outside Edinburgh in Dundee, Paddington, and Stepney ; there are also several in New York known as Tuberculous clinics.

To work the Dispensary there would, of course, have to be a paid staff, consisting of Medical Officers and nurses, but the voluntary worker would also have an opportunity for working under the direction of the Dispensary Medical Officer, he or she devoting himself or herself to the most useful kind of work to be found. Successful social work depends to some extent upon voluntary work, and suitable employment could easily be found in connection with a Dispensary for much voluntary assistance.

Its special aims would be :—

- (1) The care and nourishment of infants and children.
- (2) The choice and preparation of food.
- (3) The finding of suitable employment for consumptive men and women.

Appended is a diagram given by Dr. Philip in his description of the Edinburgh Tuberculosis dispensary ; a glance at it will show that the dispensary is the centre of all operations directed against the prevalence of Tuberculosis.

Some cases referred to it will be sent to the Sanatorium, others despatched to a hospital for educational purposes, others for suitable work on a farm colony, and others will be provided with treatment at home.

In my opinion the so-called dispensary is absolutely essential for making the best use of those few means of fighting the disease that we at present possess.

(2) Conversion of Bierley Hall Hospital.

For the treatment and education of cases too advanced to be treated in a sanatorium, one of the wards at Bierley Hall Hospital may, with very slight alteration, be converted into an institution for this purpose.

There can be no doubt that persons suffering from Pulmonary Tuberculosis in private dwelling houses generally require some advice as to the necessity of preventing the spread of the disease to their friends and relations. Dirty habits and careless disposal of tuberculous expectoration are the chief means by which others in the house receive infection.

I think one of the wards at the Bierley Hall Hospital might easily be used for educating such patients to lead such a life as will conduce to their own comfort and diminish the danger of infecting others. Few alterations of the building would be required beyond a reconstruction of the windows in such a way that they could be thrown entirely open. Some additional furniture and apparatus, such as spit cups, etc., would be required.

It has been suggested that the Bierley Hall Hospital should also be used for patients in a hopeless condition; however, in my opinion, discretion must be used in classifying cases, and I think no absolute and complete demarcation between its various stages is desirable.

I can easily imagine that if part of the hospital was distinctly set apart for cases which in the near future could only have a fatal termination, it would be impossible to induce many to make use of the advantages offered. If, on the other

hand, the system of isolating very advanced cases with those of a more hopeful character were adopted, the sight and sound of such cases could not fail to have a depressing and injurious influence upon many of the others.

I am,

Mr. Chairman and Gentlemen,

Yours faithfully,

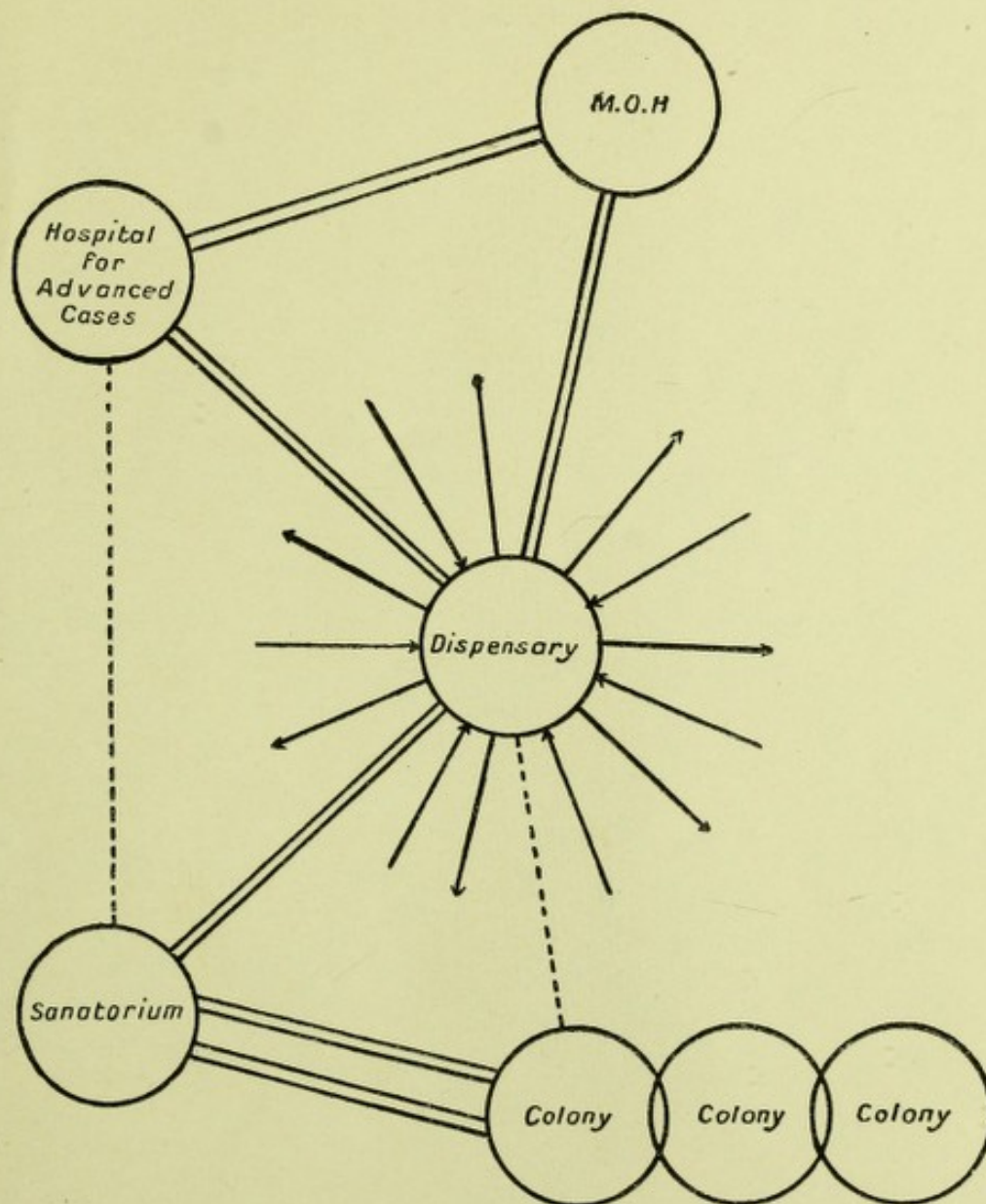
W. ARNOLD EVANS.

TOWN HALL,


BRADFORD,

July 19th, 1911.

EDINBURGH ANTI-TUBERCULOSIS SCHEME.



GENERAL PLAN.



Digitized by the Internet Archive
in 2015

<https://archive.org/details/b21505639>



