

National Insurance Act, 1911: Administration of sanatorium benefit. Report by the Medical Officer and Tuberculosis Officer on memo. no.112./I.C.

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National Insurance Act, 1911.

Administration of Sanatorium Benefit.

Report by Medical Officer and Tuberculosis Officer

on Memo. No. 112.
I. C.

TO THE LOCAL INSURANCE COMMITTEE,

Mr. CHAIRMAN, AND GENTLEMEN,

We beg to present the following report on Memorandum 112 of the National Insurance Committee in reference to the provision of "Sanatorium Benefit."

Sanatorium Benefit as defined in paragraph 1 of the Memorandum consists of treatment given at the cost of the National Health Insurance fund to persons suffering from Tuberculosis (the chief form of which disease is Consumption), or such other diseases as the Local Government Board, with the consent of the Treasury, may appoint.

This report refers only to arrangements which we consider the Committee should make for the treatment of Tuberculosis. Paragraph No. 2, indicates that the first duty of an Insurance Committee with respect to Sanatorium benefit is to make provision for the treatment of cases of Tuberculosis occurring amongst insured persons, for the administration of whose benefit they are responsible, and the Committee may, if they think fit, extend treatment to the dependants of insured persons.

In succeeding paragraphs the memorandum states that arrangements for treatment of cases of Tuberculosis exist in only a few districts; they therefore suggest that the Committee should outline a permanent scheme, and at the same time make such provisional arrangements at the commencement of the Act as will harmonise with the permanent scheme, which is subsequently

to take its place. In either case the principal parts of any scheme as indicated by the Departmental Committee in their Interim Report will consist of two units, viz. :—

- (1) The Tuberculosis Dispensary.
- (2) Sanatoria, Hospitals and other institutions.

For the permanent scheme we suggest the following arrangements :—

1.—A Tuberculosis Dispensary, in commodious premises, in charge of a Tuberculosis Officer, who has had special experience in Tuberculosis work, with as many assistants as may be found to be necessary. The assistants would include assistant medical officers and nurses, together with secretarial and dispensing staff.

The function of the dispensary will be to serve as :—

- (1) Receiving house and centre of diagnosis.
- (2) Clearing house and centre of observation.
- (3) Centre for curative treatment.
- (4) Centre for examination of " contacts."
- (5) Centre for " after care."
- (6) Information bureau and educational centre.

In order that the greatest advantage may be obtained from the work of the dispensary, we suggest that the equipment shall include (*a*) an X-ray department, which is necessary for the accurate diagnosis of certain forms of Tuberculosis, (*b*) facilities for the administration of Tuberculin for both diagnosis and treatment, (*c*) a bacteriological department, (*d*) a dispensing department, which need only be small, for only a minor proportion of the patients require medicine, (*e*) facilities for the distribution of literature for educational purposes, (*f*) sufficient staff for visiting and examination of persons who have been living in contact with a patient, and who themselves may be suffering from Tuberculosis. We regard the visitation of the patient's home and examination of contacts as a most important part of the dispensary work, which if carefully carried out, will lead to the discovery of many cases in the early stages of consumption, some of which will be suitable for sanatorium treatment. In association with the dispensary there should also be an arrangement for the after-care

of those who have been under treatment at home, or in a sanatorium or other institution. We would suggest that patients on discharge should be again referred to the dispensary in order that they may continue to receive such medical supervision as will procure the greatest benefit from the institutional treatment already received.

The after-care of patients discharged from Sanatoria is a very important matter, and if not efficiently carried out there will be numerous cases of relapse, and money spent on institutional treatment wasted. After-care should, however, be exercised with discretion, and no steps taken which would create an exaggerated idea of the patients infectivity, or interfere with any suitable employment that may have been found for him.

2.—The erection of a Sanatorium on the land purchased by the Corporation for the purpose at Grassington. On the basis usually adopted (i.e., one bed per 5,000 of the population), the Sanatorium should contain sixty beds. We recognise, however, that an economy in administration would be secured by erecting an institution for not less than 200 beds, but the size of the Sanatorium, if constructed, will be decided by the Local Sanitary Authority.

3.—A hospital for more advanced cases will be required, and we suggest that Bierley Hall should be used for the purpose. It is difficult to estimate the accommodation that will be required, but we think that, at the outset, the same number of beds, viz., sixty, as we have recommended for the Sanatorium, will suffice; the institution could be subsequently enlarged, if necessary.

4.—We recommend also the provision of an Open Air School for 150 children suffering from glandular tuberculosis, or from closed tuberculosis, in its early stages.

5.—A Sanatorium for about 50 children in more advanced stages of the disease, and we think that a suitable site may be found at Bierley Hall.

In the near future it may be desirable to establish a farm colony for patients who have made a complete recovery and who are in need of out-door work, and some medical supervision.

We recognise that some considerable time must elapse before the arrangements described can be brought into operation, and as a provisional arrangement we can only suggest that full use should be made of whatever facilities are at present in existence.

For a temporary arrangement our recommendations are as follow, viz. :—

1.—A Tuberculosis dispensary in temporary premises, with an adequate staff.

2.—The provision of a hospital of about 50 beds in two separate ward blocks of 25 each, one of which should be used for the treatment of early cases and the other for more advanced cases.

3.—That arrangements be made for the treatment in Sanatoria already in existence for any case deemed to be suitable for such treatment, but that all such cases be required at first to attend the dispensary for examination and report.

In making our recommendations for the creation of the various institutions referred to, we think it our duty to remind the Insurance Committee that in administering Sanatorium benefit you are not empowered by the Act yourselves to provide institutions, but that your duty is to make arrangements with suitable persons or local authorities for the purpose. The provision of facilities for Sanatorium treatment could obviously best be made by the Bradford City Council through their Health Department, but the Committee will doubtless acknowledge that the City Council could not be expected to spend the money required for the purpose without a guarantee that the Insurance Committee would use the institutions so provided for all cases in which they desire to grant sanatorium benefit. Finally, there is the question of payment by the Committee for Sanatorium benefit that may be given in institutions provided by the City Council, and here we have some difficulty in making a suggestion. That part of sanatorium benefit which consists of advice or treatment given at a Tuberculosis dispensary or domiciliary treatment by private medical practitioners is quite new.

We consider that the decision of this question may with advantage be left in abeyance for a few months, in order that some experience may indicate what the actual cost of such treatment may be. When such experience has been obtained the Committee will doubtless be able to make a financial agreement with the City Council.

(Signed),

W. ARNOLD EVANS, M.D.

HAROLD VALLOW, M.D.