2. *Tuberculosis Dispensary.*

A tuberculosis dispensary is an organization. It is the centre of the tuberculosis scheme in any district. It is the headquarters from which local operations are directed. The functions of a dispensary as set out by the departmental Committee are: "(1) Receiving-house and centre of diagnosis; (2) clearing-house and centre of operations; (3) centre for curative treatment and supervision of domiciliary cases; (4) centre for examination of 'contacts'; (5) centre for after-care; (6) information bureau and educational centre."*

In Dunedin and Christchurch tuberculosis dispensaries are working to this scheme. It is to be regretted that nowhere else in New Zealand do such well-organized dispensaries exist, and we make a strong recommendation to Hospital Boards that these really essential organizations be established in all considerable centres of population. In Dunedin the dispensary is a unit of the general hospital. All resources for thorough investigation of cases are at hand. The officer in charge of the dispensary is a member of the visiting medical staff of the hospital, and is readily available to his colleagues for consultation. In Christchurch the dispenary is at a distance from the hospital. Advantage lies with the Dunedin system, and this system should be followed wherever tuberculosis dispensaries are established.

3. *Institutions.*

This subject has been dealt with in previous sections.

4. *Care and After-care; and* 5, *Voluntary Aid.*

When a patient is discharged from an institution he should continue under supervision. This supervision must be undertaken either by the tuberculosis dispensary or by the medical practitioner. There must be co-ordination between the sanatoria and hospitals on the one hand, and the tuberculosis dispensary or medical practitioner on the other. At present co-ordination in this way is not satisfactorily maintained, and as a consequence patients in an inefective state leave hospital and return to their homes without adequate supervision being provided. A patient discharged from hospital or sanatorium should be urged to report to his own medical adviser or to the dispensary. The dispensary or practitioner, as the case may be, should be notified of the patient's discharge, and a statement giving details of the patient's condition should accompany the notification form. Hospital Boards should afford patients the means of supervision—in the larger towns, from a dispensary; in the smaller towns, from the out-patient department of the hospital; and in country districts by medical practitioner.

The victim of pulmonary tuberculosis is particularly unfortunate in that he is affected, often early in life, with a chronic illness which seriously impairs his working-efficiency, and which has a marked tendency to relapse. Relapse may be ascribed chiefly to the following circumstances: "(*a*) Life under unsatisfactory conditions; (*b*) occupation of unsuitable character or under conditions of too great stress; (*c*) absence of strict medical supervision; (*d*) laxity on the part of the patient in matters relating to treatment and hygiene." (Sir George Newman.)†

So far sufficient attention has not been paid to care and after-care in New Zealand. To effect improvement in this it is suggested that more liberal provision be made for the relief of consumptive patients than is the case at present. There is a tendency to restrict relief to bare essentials, with the result that often the patient returns to unsuitable work before he is fit for it. This can have but one result—the early breakdown of the patient. If relief were given on a more liberal basis the consumptive patient would have a better chance of retaining his health and of prolonging his life. Whether this extra provision should be made by Hospital Boards or whether the Government should introduce an invalidity pension scheme is a matter upon which the Committee do not feel competent to express an opinion.

It is suggested, further, that care committees be set up in the main hospital districts. These committees should be closely associated with the Hospital Boards and their institutions. They should comprise voluntary workers (including representatives of such voluntary organizations as the St. John Ambulance Association, Red Cross Society, &c.), together with representatives of the three official agencies concerned with the control of the consumptive—viz., Health Department, Hospital Board, and local authority. The duties of such committees might well include all or any of the following: (*a*) Attention to measures which will enable patients to take full advantage of treatment in residential institutions, such as making arrangements for the care of the children, obtaining suitable clothing for the patient, &c.; (*b*) the removal of children from homes where the parent is in an infective condition; (*c*) the finding or provision of work for patients on discharge from institutions; (*d*) endeavouring to ensure that patients on discharge from institutions return to suitable homes.

The committees should be left to work largely on their own lines. It would be a mistake to attempt to stereotype the work. The committees would supplement, and not replace, the activities of the Hospital Boards. It is most important that the committees should have a preponderance of voluntary workers. The Principal Medical Officer of the British Ministry of Health says, "The personal interest of voluntary workers in individual patients sometimes leads to action which would probably have been impracticable under a purely official organization."‡

A widely representative committee such as has been suggested will ensure that there is no overlapping of effort and no duplication of charity. The funds to enable the care committees to undertake these various duties should be derived from voluntary contributions. In some European

* Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1925, p. 86.
† Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1925, p. 95.
‡ Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1925, p. 96.