FIRST

ANNUAL REPORT

OF THE

St. Marylebone Dispensary

FOR THE

Prevention of Consumption

15 ALLSOP PLACE, N.W.

Telephone—3407 MAYFAIR

31st DECEMBER, 1911.

Keep

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Baker St. Station, Metropolitan and Bakerloo Railways.

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Map showing Distribution of Deaths from Pulmonary Tuberculosis in the Borough of St. Marylebone for the five years, 1906—1910.

(By kind permission of Dr. Charles Porter, Medical Officer of Health.)

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THE DISPENSARY is open to visitors every **Wednesday Afternoon** at 4 p.m., when practical demonstrations will be given of—

a. **The Tuberculosis Problem.**

b. **The Dispensary System for the Control and Eradication of Consumption.**

c. **Special Methods of Treatment.**

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REPORT OF THE EXECUTIVE COMMITTEE.

The St. Marylebone Dispensary for the Prevention of Consumption was opened on November 22nd, 1910, so that the First Annual Report covers a period of one year and five weeks, but a preliminary statement was issued by the Provisional Committee in March, 1911, and it will, perhaps, make the present Report more complete if part of that is quoted.

The proposal to establish in St. Marylebone a special Dispensary for the treatment and prevention of Consumption first took definite form at a meeting of the Committee of the Margaret Street Hospital for Consumption in the early part of the year 1909, and a small Committee was nominated to carry out the scheme, being empowered to add to their number others who were interested in the work.

A sum of nearly £700 was collected, this amount including £100 from Lord Howard de Walden, £100 from Lord Portman, a grant of £100 from the Central Fund for establishing Anti-tuberculosis Dispensaries in London, £100 from an anonymous donor, about £80 through Miss Tennant, and 20 guineas from Messrs. Debenham.

After some difficulty, premises were secured at 15 Allsop Place, the rental of £75 per annum being agreed upon in consideration of the fact that the landlord undertook to put the house into thorough repair and to carry out the alterations which were required to adapt it to the purposes of the Dispensary.

The initial expenditure on furniture, instruments, drugs, etc., amounted to £90 8s. 5d., which, with £62 6s. 9d. for salaries, postage, printing and travelling expenses, brought the sum expended up to the 31st of December, 1910, to £142 14s. 5d., leaving a balance in hand of £550 10s. 5d., at the beginning of the year 1911.

A meeting of the Subscribers was called in March, 1911, at which the Provisional Committee reported the results of its work, and the rules and constitution of the Dispensary

were approved. An Executive Committee was appointed, and the names of those who had shown their interest in the scheme, but were unable to serve on a Committee, were retained to form the nucleus of a General Council.

The Executive Committee meets once a month, and has appointed two Sub-Committees, one for Finance and the Management of the House, and the other for Cases, which are summoned as often as necessary.

The money received during 1911 amounts to £933 12s. 4d. and the Committee thank an anonymous donor for a second donation of £100; Mr. Francis Tennant for one of £200; The Central Fund for the Promotion of Tuberculosis Dispensaries, £200; Mrs. Asquith, £50; and numerous others. In addition to subscribing, Lord Glenconner kindly gave a Christmas Tree and Tea to the children in the Open Air School.

The amount expended has come very close to the estimate of £750, being actually £760 17s. 11d., but with increasing work there must be increased expenditure, and the Committee hopes to make a special appeal for an Open-Air School to extend the excellent work now being done by the Class carried on in Regent's Park.

The sincere thanks of the Committee are due to those who have helped to make the work of the Dispensary known, and to provide the necessary funds by lending their houses for meetings. Very successful meetings have been held; the first in St. John's Wood, through the kindness of Lady Robert Cecil, when Lord Robert took the chair, and Sir Shirley Murphy spoke; and the second in Portland Place, by the invitation of Mrs. Francis Tennant, Lord Glenconner being in the chair, and Dr. Acland being the principal speaker. A large gathering of working men was organised by Mr. Harvey and Mr. Alderman Anglim, in the Portman Hall, Carlisle Street, kindly lent by Mr. Marshall, at which the Mayor presided and Dr. Sutherland gave a lecture illustrated by lantern views. A cinematograph demonstration of the work of the Dispensary was also given in the Marylebone Institute, Paddington Street, and was very well attended.

The Medical Officer of Health, Dr. Porter, has on every occasion been willing to speak and has supported the movement with the whole weight of his authority.

The Committee makes every effort to ensure that no patient already under a private practitioner is treated at the Dispensary unless at the request of the doctor and, since the homes are visited and the circumstances of every patient are reported by the Nurse there is a real safeguard against any mistakes being made.

In every case where a patient is known to have been under a doctor, the following letter is sent and whenever circumstances seem to make it desirable, patients are told that they cannot be treated at the Dispensary and must consult a private practitioner.

ST. MARYLEBONE DISPENSARY FOR THE PREVENTION OF CONSUMPTION.

15 Allsop Place,
London, N.W. 19

DEAR SIR,

A patient.....

.....presented h..self to-day

with evidence of.....

Ascertaining that ..... he had been under your care, I should be glad to know if you have any objection to h..... attending at this Institution.

Yours faithfully,

.....

Medical Officer.

A letter similar in form is in use in all the Anti-tuberculosis Dispensaries in London which receive grants from the Central Fund.

In many cases discovered among the contacts, the patients would not otherwise have sought medical advice and it is often extremely difficult to get them to attend anywhere unless they are conscious of being acutely ill. Twenty-two cases have been sent to the Dispensary by general practitioners and the Committee is anxious in every way to encourage this co-operation.

The Medical Officer of Health has from the beginning taken an active part in the initiation and management of the Dispensary, and has encouraged his staff to co-operate in every way possible. The Lady Sanitary Inspectors, when visiting the cases notified by Hospitals, have recommended other members of the family to go to the Dispensary to be examined, unless the Hospital has already made some arrangement for the examination of contacts. When cases are notified from the Dispensary, the Inspectors call to see the Nurse's schedules so that there may be as little duplication of visiting and inquiry as possible. Some modification may be necessary in view of the compulsory notification introduced in January, 1912, and the Committee, heartily welcoming this step as one in the right direction, will do all in their power to carry out the wishes of the Local Authority.

The National Insurance Act, with its special provisions for the treatment of tuberculosis, will undoubtedly influence the position of the Dispensary, and its future developments will be awaited with interest.

In addition to the treatment of patients at the Dispensary and the visits to their homes, arrangements are made for suitable patients to be sent to such institutions for treatment as may be applicable to the case—Hospital, Sanatoria, Convalescent Homes, etc.

Advanced Cases.—We may especially note that the organization of the Poor Law Institutions in the Borough facilitates the admission of advanced cases to the Infirmary. The Guardians of St. Marylebone have for some years maintained three wards for the treatment of phthisical patients, two for men and one for women, and are able to give open-air treatment on the balconies. For the most part,

the cases, when they enter the Infirmary, are too advanced for there to be much hope of cure, but it has been of great advantage to the Dispensary to be able to send in patients when necessary, and to be sure that they will not be discharged while they are willing to remain. On the other hand, whenever a patient enters the Infirmary the home is visited from the Dispensary, and other members of the family examined. Where the children are found to be infected they are kept under supervision and, if necessary, sent through the Guardians to the Home at Rustington, belonging to the Metropolitan Asylums Board.

There is still great need for accommodation for patients in whom the disease is too advanced for them to be admitted into a sanatorium under present conditions, and for those above the Poor Law class who are hopelessly ill. Admission to St. Luke's House was obtained for three patients, but for the majority there is no refuge but the Infirmary.

Sanatorium.—The number of cases in which Sanatorium treatment can be obtained is restricted, partly because, as is the case with Hospitals, many patients do not attend until the disease is already advanced, and partly because the accommodation available is very limited and the cost is considerable. Seven patients were sent away through the Charity Organisation Society, who raised 15s. a week for each one locally, the balance of from 10s. to 15s. being granted by the Central C. O. S. The patients are very carefully selected both as to health and character, and, when the difficulty of getting men to apply, when they do not feel themselves to be really ill, is taken into account, it will be realised that the number who can be sent in this way is comparatively small. Others, for whom the doctor advises a Sanatorium, obtain In-patient Letters for Brompton and Mount Vernon and may be sent on, if suitable, to Frimley and Northwood, but there is often a long period of waiting which is disastrous in its results.

Two children have been sent for sanatorium treatment through the Invalid Children's Aid Association and twelve

have gone through the Guardians to the country Hospitals of the Metropolitan Asylums Board.

There are many cases, who would not be accepted at a Sanatorium who may yet be restored to some degree of working capacity by a period of rest and treatment, which it is now most difficult to obtain, as very few Homes will accept phthisical patients. Six have, however, been sent away during the year through the C. O. S. and the Portland Town Association.

Other Forms of Help.—The Dispensary has no funds available for relief and cases in which material help is required to supplement the medical treatment must be referred to some other agency. When the patient is the bread winner help towards maintenance or rent is usually required in the home or an allowance for food may be necessary for a man who is having tuberculin treatment. Teeth often require attention and an artificial set has been provided in one case, while in others Letters for the Dental Hospital have been given.

The Dispensary has met with the most friendly reception from all those engaged in social work and in the promotion of health in the Borough and the Committee desire to express their thanks to the staffs of the other hospitals and dispensaries in the neighbourhood, to the District Nurses, to the clergy and school teachers and Care Committees and to the Charity Organization Society, whose cordial co-operation has made the work so much more effective.

Special reference must be made to the assistance of the St. Marylebone Health Society, whose workers have undertaken a considerable amount of the visiting of the patients' homes and have in this materially aided the work of the Dispensary.

The thanks of the Committee are also due to Miss Marsters and the District Nurses who have undertaken the actual nursing of bed-ridden patients.

It was with great regret that the Committee accepted the resignation of Mrs. Lawder Eaton in the early part of the year, and wish to record their gratitude for the very arduous work she undertook in starting the Dispensary.

Under the Constitution four members of the Committee retire, these are Miss Broadbent, Mrs. Dobell, Dr. Brunton Blaikie and Mr. Harvey. Miss Pocock to whom the original proposal of a Consumptive Dispensary for Marylebone was largely due, has been obliged to resign from pressure of other duties. The Committee recommend that Dr. Brunton Blaikie, Miss Broadbent and Miss Dobell be re-elected, and that Mr. Pegg, Mr. Francis Tennant and Dr. Wethered, be elected to fill the other vacancies.

The Committee would draw attention to the results recorded in the concluding section of Dr. Sutherland's very valuable report. Some of this is novel and therefore particularly worthy of attention. The diagram shewing the immense preponderance of tuberculous cases amongst the contacts in houses where there is an open or infectious consumptive, over those where the patient is non-infectious, is of especial significance.

Signed on behalf of the Committee,

J. EDWARD SQUIRE,

Chairman.

MEDICAL OFFICER'S REPORT.

The following Report is in five parts:—I., General; II., Social and Economic Conditions of the Patients; III., Illustrative Cases; IV., The Open-Air Class in Regent's Park; and V., A Clinical Investigation as to the incidence of Tuberculosis in relation to exposure to Infection.

Part I.—General.

PRINCIPLES AND METHODS OF WORK.

In combating tuberculosis it has been realised that the chief sources of infection exist in the homes of the people in our great cities, and it is here that the Dispensary attacks the malady at its source. To the Dispensary, which is free to all, patients who are not already under a medical practitioner, may go for examination, diagnosis and treatment. From the Dispensary a physician and nurse visit the homes of the patients, who are thus educated in open-air treatment, and in the protection of others by the observance of a few simple precautions.

It is essential to remember, however, that the Dispensary is only part of a correlated and systematised effort.

From the Dispensary suitable cases are sent to Sanatoria for cure, advanced cases to special hospitals, and children are taught the value of fresh air and sunlight in an Open-Air School under the supervision of the Dispensary. In every Department of its activity the Dispensary works in intimate association and co-operation with the Public Health Authority, and with the various charitable agencies in the Borough.

ATTENDANCES AT THE DISPENSARY.

Since its commencement, with the exception of one week at Christmas 1911 and the usual Bank Holidays, the Dispensary has been open four afternoons a week throughout the year. Old patients attend at 2 p.m., new cases being seen at 4 p.m., while the Dispensary is also open on Friday evenings for those patients where work precludes their attendance at other hours.

Up to December 31st, 1911, **690** new patients have attended the Dispensary, and the subsequent visits of patients attending the Dispensary numbered **3,721.** The total number of attendances at the Dispensary during its first year, including both new and old patients thus amounted to **4,411.**

Patients numbering **9** were examined and treated in their own homes by the Medical Officer. These were in an advanced stage of the disease, who were confined to bed or to the house, and unable to attend the Dispensary. A few so improved under treatment, as to be able to subsequently attend the Dispensary. These **9** cases brings the total number of new patients who have attended to **699.**

The steady increase in the clientèle of the Dispensary since its foundation is clearly indicated in the Diagram I. on the opposite page, showing the increase in the numbers of new and old patients attending.

HOME VISITATION.

During the year the Medical Officer paid **1,318** visits to the patients in their own homes, and the Nurse paid **2,969** visits. It is necessary to clearly understand the object of these visits in order to appreciate their degree of success or failure.

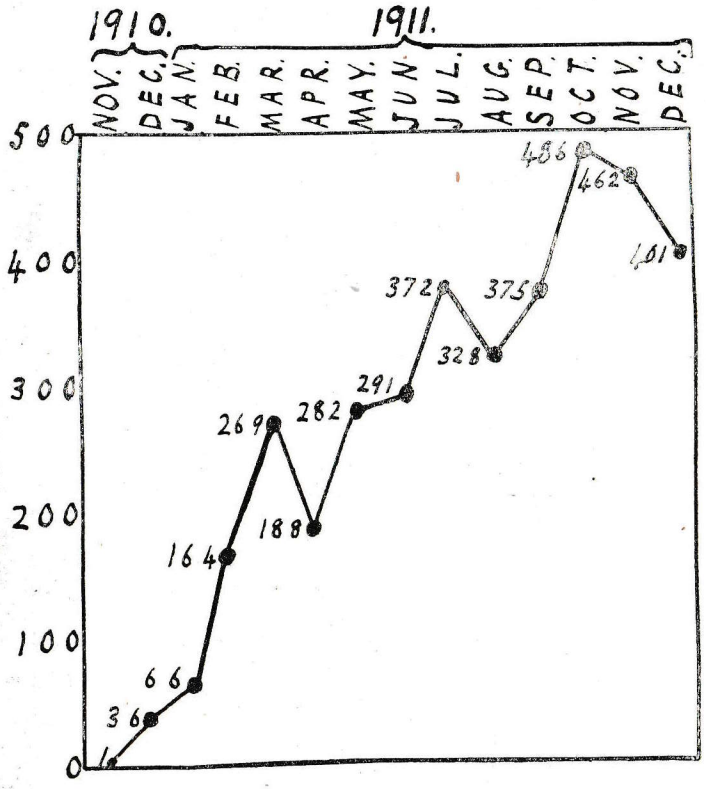
(*A*) The Nurse visits the patient's home after their first attendance at the Dispensary with the following objects in view:—

1. To collect, when possible, a specimen of the sputum the patient having been provided with a small phial into which he should expectorate first thing in the morning. This gives the Nurse an excellent reason for entering the home.

2. To gain the confidence and goodwill of the patients, and show them and their relatives how the doctor's wishes may be most easily carried out with reference to open windows, sleeping accommodation, disposal of sputum, disinfection of table utensils, diet, etc.

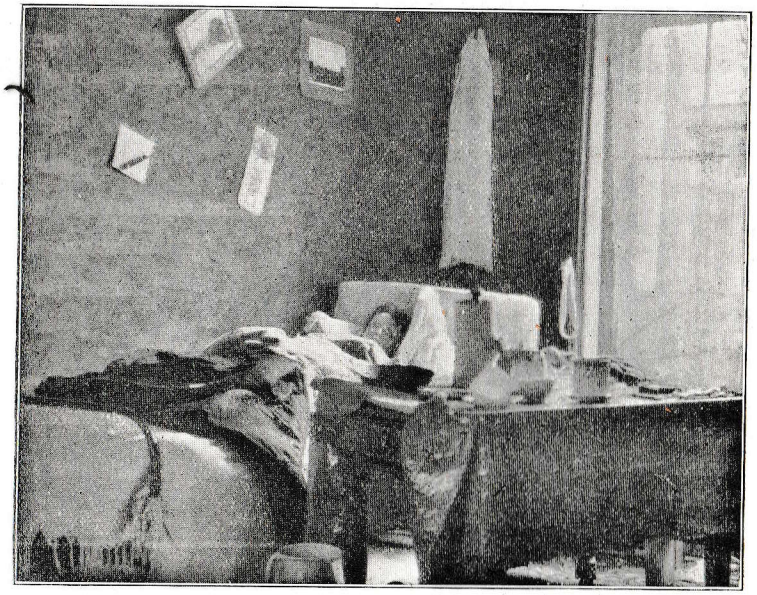
DIAGRAM I.

INCREASE IN ATTENDANCES OF NEW AND OLD PATIENTS AT THE DISPENSARY.



3. To rectify as far as possible any faulty or insanitary conditions found in the homes, where these are due to the ignorance or apathy of the inmates, and to report any other conditions to the Medical Officer.

4. To collect certain information in regard to the social, economic, and hygienic surroundings of the patients, which, on her return to the Dispensary, she enters on the "Schedule of Enquiry." The information on this schedule is for future reference by the Medical Officer, and for statistical purposes.



An infected Home before coming under the supervision of the Anti-Tubercuiosis Dispensary.

"Nursing" in the ordinary sense is not at present undertaken by the Dispensary Nurse, and all bed cases are referred to the District Nurses.

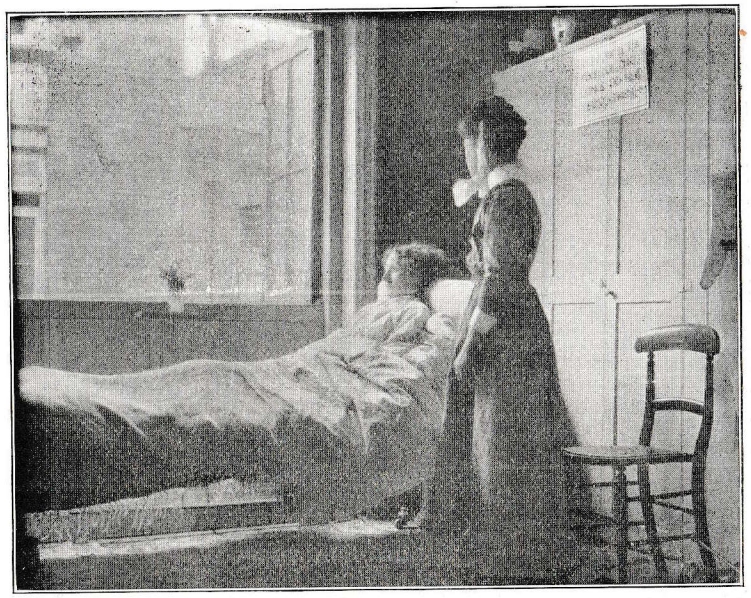
It is therefore clear that the more satisfactory the home conditions, and the more regular the patients' attendance at the Dispensary, the less need there is for the Nurse to revisit that home. On the other hand where home conditions are

bad, and where the patient is lax in his attendance at the Dispensary, it is then essential that the Nurse should pay frequent visits. To a very large extent the Voluntary Workers have relieved her of the work of looking up patients who have not attended the Dispensary for some weeks.

(*B*) The Medical Officer visits the homes of patients to—

1. Treat all patients confined to bed.

2. Ensure that his instructions have been carried out.



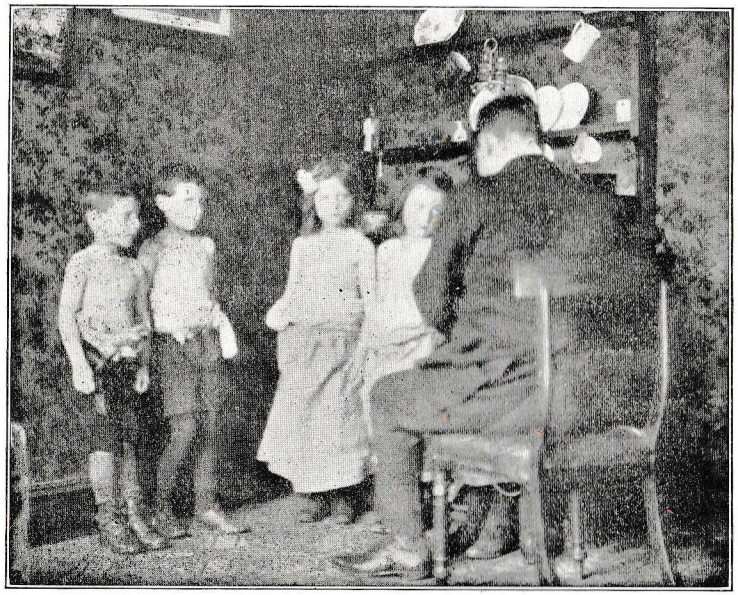
The same Home under the supervision of the Anti-Tubercuiosis Dispensary.

3. Examine all other members of the patient's family, "the contacts," so that the early cases may be diagnosed and cured while they are yet curable, and this without interfering with their occupation. This routine examination of contacts has been called "The March Past."

4. To discover the source of infection if not known and still existing, and endeavour to lessen the risk of infection to other members of the household.

5. To gain a first hand knowledge of the social and economic conditions of the tuberculous poor.

In the case of the doctor's visit it is obvious that some cases may never require to be revisited, while others will require constant, and even daily visiting. The value of visits cannot be guaged by their number. A good visit of the best part of an hour, is of more value than a score of visits of a few minutes duration.



"THE MARCH PAST."

Contacts being examined by the Medical Officer in a patient's home.

VOLUNTARY WORKERS.

Covering as it does a wide field of social and philanthropic effort, the Dispensary presents many opportunities for voluntary work of an interesting nature. Shortly after its opening, a Case Committee was formed with Dr. Charles Porter as Chairman, and Mrs. Dobell, as Case Secretary. This Committee meets once a month to discuss difficult cases brought to its notice by the Medical Officer, and a less formal conference is held between the voluntary workers and the Medical Officer on Wednesday

mornings. At this Miss M. E. Broadbent is responsible for South Marylebone and Mrs. Dobell for North Marylebone. Over 50 patients have been dealt with by the voluntary workers during the past year. These were mostly cases of poverty, requiring financial assistance, guidance, and friendly advice, but the following problems with which the voluntary workers have dealt indicate how invaluable is their work in supplementing the efforts of the paid staff.

1. The visiting of homes where the conditions are unfavourable, and the hygienic education of ignorant and obstinate patients.
2. The visiting of dying patients.
3. The care and nourishment of infants and children.
4. The selection of children for apprenticing after leaving school.
5. The choice and preparation of food.
6. The finding of suitable employment for adult patients.

Employment was found for several, but this is perhaps one of the most difficult problems with which voluntary workers have had to deal. These patients, for the most part, are unable from the disease to compete with the able-bodied, and at the same time are unwilling to take boys' work, for which alone they are fitted.

There is need of more voluntary workers than we have at present if the work is to cover the demand at every point. Many patients will drop off from attending the Dispensary, and such require constant visiting.

It is not necessary that voluntary workers should have previous training or knowledge of tuberculosis, as the Medical Officer is glad to confer with the visitors, discuss the cases, and give advice. At the beginning of the year the Medical Officer delivered a course of twelve lectures to voluntary workers, giving a survey of the disease, its cause, effects, treatment, prevention, and cure. In the second year it is hoped by co-operation with the Cavendish Club to attract some of its members to work in this field. For those who do not care to visit patients, there is a large amount of statistical work for which the paid staff are always glad of assistance.

PROPORTION OF PATIENTS FOUND TO HAVE TUBERCULOSIS.

The following Table shows the proportion of cases of tuberculosis found among the 690 new patients, who attended the Dispensary from Marylebone and elsewhere.

TABLE I.

	Marylebone	Elsewhere	Total
Pulmonary Tuberculosis	446	8	454
Tuberculosis	28	..	28
Non-Tuberculous	206	2	208
TOTAL	680	10	690

In the above table and throughout this report, the term "pulmonary tuberculosis" signifies tuberculosis of the lungs, formerly termed phthisis or consumption. "Tuberculosis" stands for that disease in glands, joints, bones, and other organs of the body.

AGE AND SEX CONSTITUTION.

The sex and age of the new patients is shown as follows :—

TABLE II.

Age.	—1	1—	5—	10—	15—	25—	35—	45—	55—	65+	All Ages.
Males.. ..	4	41	77	48	40	37	35	19	9	4	314
Females ..	4	38	78	62	53	66	47	20	6	2	376
Both Sexes ..	8	79	155	110	93	103	82	39	15	6	690

The above Table indicates the large number of children brought to the Dispensary for examination, and the disproportion between the sexes among the adults. Thus, of 690 patients examined, 352, or 51·0 per cent., were children under 15 years of age, while 194 females over 15 were examined, and only 144 males of the same age.

Result of Examination.

The diagnosis as to the presence or absence of tuberculosis is shown in Table III. :—

NG 1911.

	Both Sexes	55— Male	55— Female	55— Both Sexes	65+ Male	65+ Female	65+ Both Sexes	All Ages Male	All Ages Female	All Ages Both Sexes Total
Pulmonary Tu	25	7	2	9	3	...	3	218	236	454
Tuberculosis	...	...	...	...	...	...	...	13	15	28
Non-Tubercul	14	2	4	6	1	2	3	83	125	208
TOTA	39	9	6	15	4	2	6	314	376	690

ive pulmonary tuberculosis, was

therefore

ULOSIS.

	Both Sexes	55— Male	55— Female	55— Both Sexes	65+ Male	65+ Female	65+ Both Sexes	All Ages Male	All Ages Female	All Ages Both Sexes Total
Total number	39	9	6	15	4	2	6	314	376	690
Pulmonary Tul	25	7	2	9	3	...	3	218	236	454
Percenta	64·1	77·7	33·3	60·0	75·0	...	50·0	69·4	62·7	65·8
Tuberculosis	...	...	...	...	...	...	...	13	15	28
Percentag	...	...	...	...	...	...	...	4·1	3·9	4·0

TABLE III.

SEX-AGE CONSTITUTION AND DIAGNOSIS OF THE 690 NEW PATIENTS DURING 1911.

Age ...	0—1			1—			5—			10—			15—			25—			35—			45—			55—			65+			All Ages		
Sex ...	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes Total
Pulmonary Tuberculosis	...	...	...	23	13	36	58	59	117	28	41	69	29	36	65	27	43	70	28	32	60	15	10	25	7	2	9	3	...	3	218	236	454
Tuberculosis	1	...	1	3	7	10	5	5	10	3	1	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	15	28
Non-Tuberculous ...	3	4	7	15	18	33	14	14	28	17	20	37	10	15	25	10	23	33	7	15	22	4	10	14	2	4	6	1	2	3	83	125	208
TOTAL... ...	4	4	8	41	38	79	77	78	155	48	62	110	40	53	93	37	66	103	35	47	82	19	20	39	9	6	15	4	2	6	314	376	690

The percentage of the total number of patients examined in each age-group and found to have pulmonary tuberculosis, was therefore as follows:—

PERCENTAGE IN EACH AGE-GROUP FOUND TO HAVE PULMONARY TUBERCULOSIS.

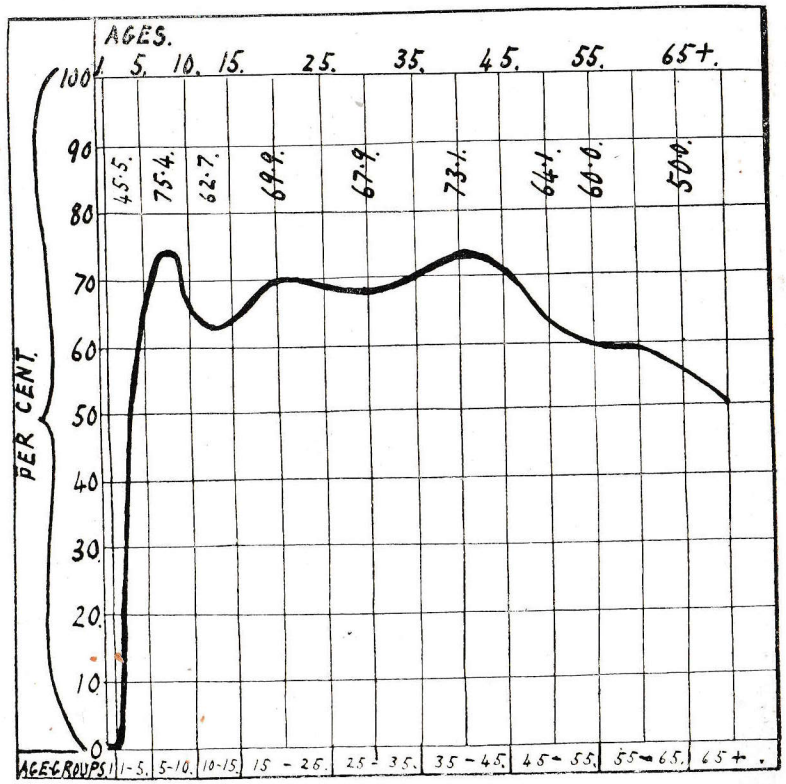
Age ...	0—1			1—			5—			10—			15—			25—			35—			45—			55—			65+			All Ages		
Sex ...	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes Total
Total number examined	4	4	8	41	38	79	77	78	155	48	62	110	40	53	93	37	66	103	35	47	82	19	20	39	9	6	15	4	2	6	314	376	690
Pulmonary Tuberculosis	...	...	...	23	13	36	58	59	117	28	41	69	29	36	65	27	43	70	28	32	60	15	10	25	7	2	9	3	...	3	218	236	454
Percentage... ...	...	...	...	56·1	34·2	45·5	75·3	75·6	75·4	58·3	66·1	62·7	72·5	67·9	69·9	72·9	65·1	67·9	80·0	68·0	73·1	78·9	50·0	64·1	77·7	33·3	60·0	75·0	...	50·0	69·4	62·7	65·8
Tuberculosis	1	...	1	3	7	10	5	5	10	3	1	4	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13	15	28
Percentage... ...	25	...	12·5	7·3	18·4	12·6	6·5	6·4	6·4	6·2	1·6	3·6	2·5	3·7	3·2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4·1	3·9	4·0

It will be noted that there is a rapid increase in the percentage of cases found to have pulmonary tuberculosis as they pass from infancy into childhood. This is followed by a decline in the percentage in the later years of life. A diagram indicating the percentage of deaths from pulmonary tuberculosis would show a rise and fall many years later than the graph showing the age periods in which infection is highest.

DIAGRAM II.

PERCENTAGE AT EACH AGE-GROUP FOUND TO HAVE PULMONARY TUBERCULOSIS.

(Or Age-Incidence of the Disease among a Dispensary population).



STAGE OF DISEASE.

The 454 patients suffering from pulmonary tuberculosis were in every stage of the disease from the earliest to the latest. The stages of pulmonary tuberculosis may be expressed in various ways. Turban's Classification is based upon the actual amount of lung tissue involved, and is, therefore, a purely anatomical classification, being as follows:

TURBAN'S STADIA.

I. Disease of slight severity affecting at most one lobe or two half-lobes.

II. Disease of slight severity affecting at most two lobes, or severe and affecting at most one lobe.

III. All cases of greater extent and severity than those in second stadium.

According to this, our patients were in the following stages:—

TABLE IV.

TURBAN'S CLASSIFICATION.

MALES.				FEMALES.			
I.	II.	III.	TOTAL.	I.	II.	III.	TOTAL.
109	65	44	218	137	66	33	236

The above statement is inadequate in so far as it relies upon the stages of anatomical change in the lung, and takes no cognisance of the patient's general condition. A patient in Stage III. (Turban) whose general condition is good may be a better and more hopeful case than a patient in Stage I. with marked general disturbance. For this reason, Philip's

Classification, which gives due expression to the local and general condition, ensures a more accurate presentation of the severity of the disease. In this the symbol L represents the local change in the lung, and is L_1, L_2, or L_3. To express the general condition of the patient's system the symbol S is used. If there be considerable systematic disturbance, this is indicated by a capital S, while if the systematic disturbance be slight a small *s* is used. In this way it is possible to express the diagnosis with greater accuracy. According to this classification, our patients were in the following stages:—

TABLE V.

PHILIP'S CLASSIFICATION.

MALES.							FEMALES.						
L_1s	L_1S	L_2s	L_2S	L_3s	L_3S	TOTAL.	L_1s	L_1S	L_2s	L_2S	L_3s	L_3S	TOTAL.
106	3	58	7	22	22	218	136	1	59	7	24	9	236

SOURCE OF CONTAGION.

On inquiring as to the probable source of contagion in the cases of the 482 patients found to have pulmonary tuberculosis, or tuberculosis, the data in the following Table were obtained. The figures include possible sources of contagion, as in cases where the family history showed a grandparent, uncle or aunt, having suffered or died of Consumption, but where it was not definitely proved that the patient had been in actual contact with that person, and definite sources of contagion, where the patient had been in close contact with a consumptive person, whether that person was known to have been infectious or non-infectious. The very definite relation-

ship between the original case being infectious or non-infectious and the amount of infection among those in contact with that person is demonstrated in the final portion of this Report.

TABLE VI.

Source of Contagion.	No.
Preceding Generation	239
Immediate Generation	55
Consorts Family	28
Fellow Employees	6
Contaminated Houses	3
Not Discovered	114
More than one source	37
TOTAL	482

DURATION OF DISEASE.

In the following table the duration of the disease is estimated from the time when symptoms were first apparent to the patient:—

TABLE VII.

Duration of Disease.	Total.
Less than 2 years	249
2 to 5 years..	103
5 to 10 „	72
10 to 20 „	44
Over 20 „	14
Total	482

HOW CONSUMPTION SPREADS IN FAMILIES.

While Table VI. indicates the presence of consumption in the patient's family history, individual instances of this are shown in a more graphic fashion in the following Charts. These further illustrate the fact of the very great frequency of infection in childhood. The aim of the Dispensary is to control the source of infection, and then to raise the resistance of the infected child.

Chart I. (238) is an instance of a woman dying of consumption, who infected her husband and three out of five children. When found by the Dispensary this patient was in a very advanced stage of the disease, with a history of having been ill for three years, and *had never attended anywhere for treatment.*

Chart II. (259) shows infection extending through three generations. The patient's father and paternal uncles all died of consumption. She herself was exposed to infection when five years old, but the first symptoms of the disease did not appear until twenty-eight years later, when she began to go down hill. When she first came to the Dispensary it was apparent from her history that she had been ill for ten years, and was now dying. She had infected her husband, and six out of seven children. These came under the treatment of the Dispensary, and thus the disease is being controlled.

Chart III. is a graphic instance of family infection, and while the disease missed a generation it appears in the great-grandchildren.

CHART I.

HUSBAND
aged 36,
first stage of
consumption.

=

Patient.
MRS. "B" †
aged 29,
when seen was dying of
consumption in a house
of two rooms.

Son	**SON**	**DAUGHTER**	Daughter	**SON**
aged 5 weeks.	aged 2.	aged 4.	Aged 6.	aged 8.
No signs of infection.	Infected early consumption.	Tuberculous glands in neck.	No signs of infection.	Infected early Consumption.

Heavy Type = Consumption.
Cases marked † have died of the disease.

CHART III.

How Co

GREAT

IN I

GREAT UNCLE

GREAT UNCLE

GREAT UNCLE

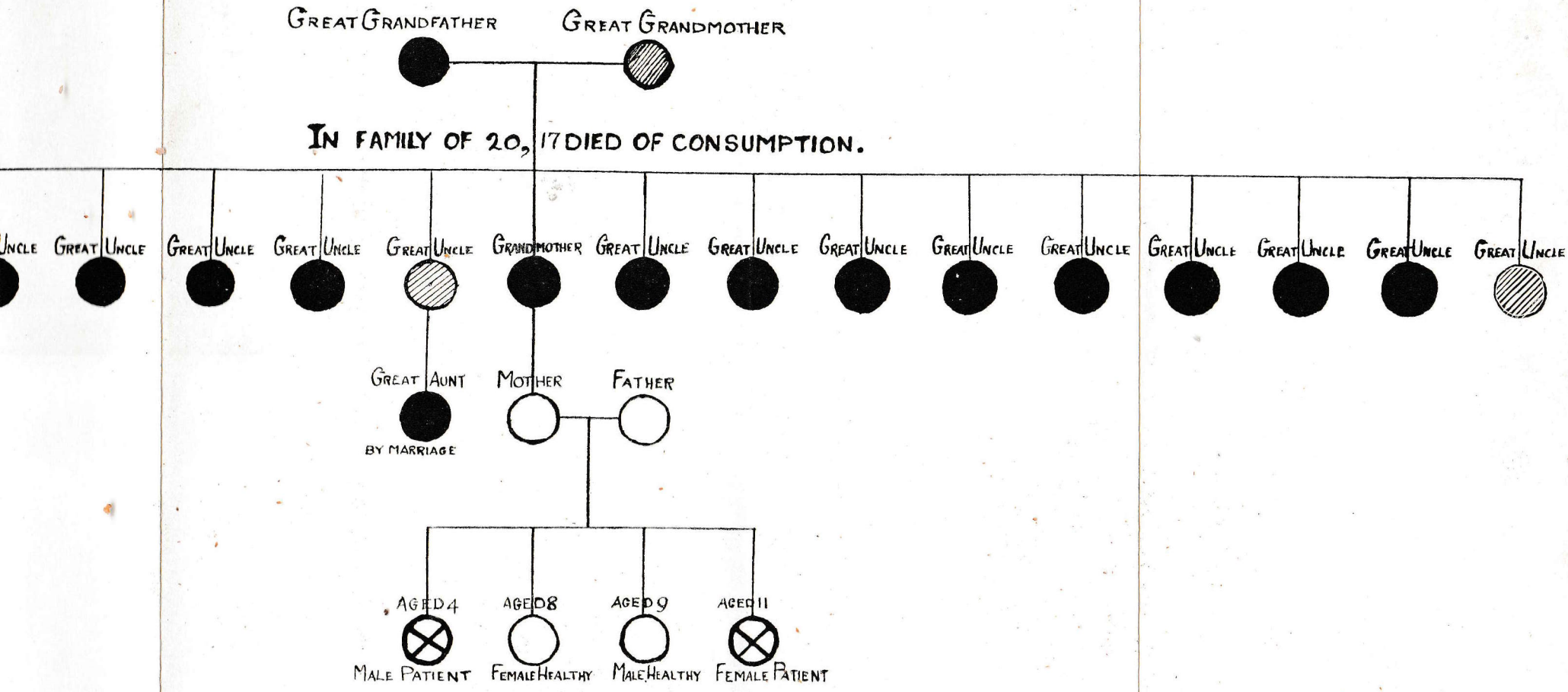
GREAT UNCLE

GREAT UNCLE

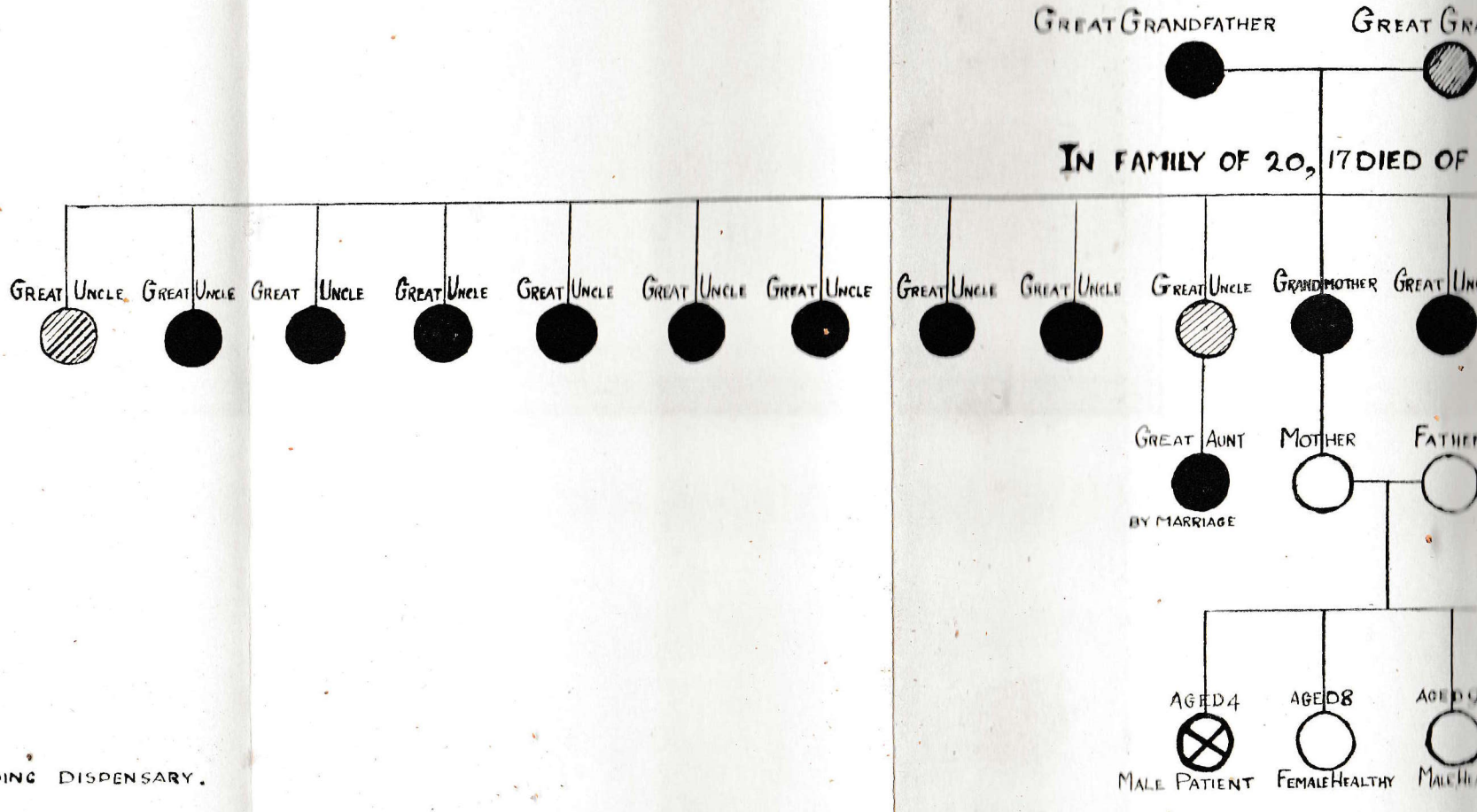
GREAT UNCLE

CHART III.

How Consumption Spreads.



How Consumption S



EY

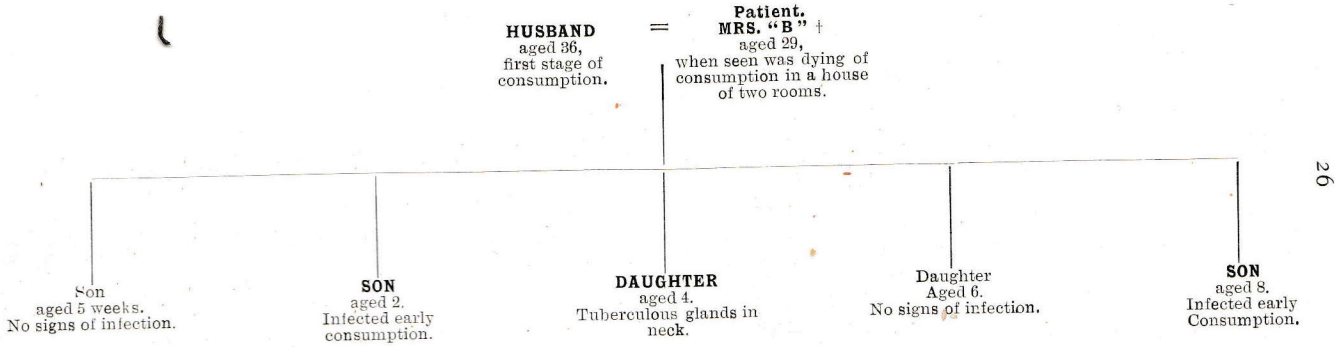
= Died of consumption.

= Consumptive patient attending Dispensary.

= Died of other disease.

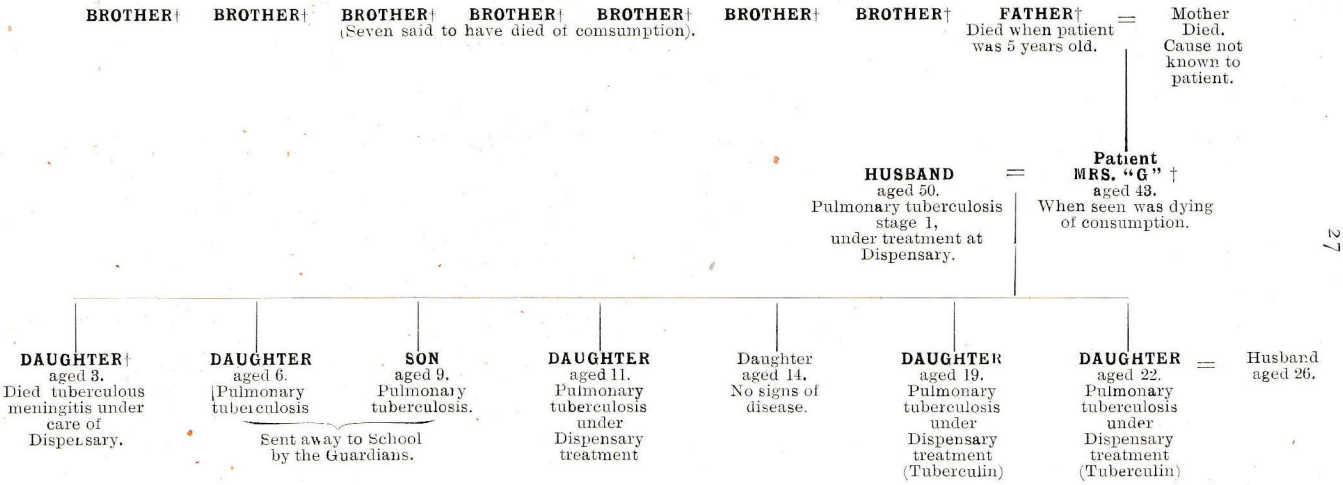
= Healthy.

CHART I.



Heavy Type = Consumption.
Cases marked † have died of the disease.

CHART II.



Heavy Type = Consumption.
Cases marked † have died of the disease.

PREVIOUS TREATMENT.

Of the 482 cases of pulmonary tuberculosis and tuberculosis it was found that 312 (or 64·5 per cent.) had never previously received any form of treatment, and only 11 (or 2·4 per cent.) had been definitely treated by general practitioners. The nature of the previous treatment received by 170 of these patients is as follows :—

TABLE VIII.

Hospitals, etc.	No.
Hospital	40
Sanatoria	35
Dispensary	14
Private Practitioner	11
Paddington and Kensington Dispensary for Prevention of Consumption	6
Infirmary	4
More than one form of treatment	60
TOTAL	170

HOW THE PATIENTS COME TO THE DISPENSARY.

It will be seen from Table IX. that the majority of the patients come to the Dispensary on the advice of one or other of the charitable and social agencies in the Borough. A number come on the recommendation of existing dispensary patients, and only about a seventh find their way to the Dispensary without a recommendation.

Of the **690 New Patients** examined at the Dispensary during the first year, 266 or 38·5 per cent. were "contact" cases. Under this term we included all those who are related to and have been living in contact with a patient already attending the Dispensary. Those "contacts" examined at home and found to be healthy are not referred to the Dispensary. A record, however, has been kept of all "contacts," whether tuberculous or healthy, and on this is based the clinical and statistical study at the end of the report.

TABLE IX.

Recommended by	Pulmonary Tuberculosis	Other Forms	Non-Tuberculous	Total
Hospitals, &c.	6	..	1	7
Private Practitioners	17	..	5	22
Church Army	6	..	..	6
Sanitary Inspectors	31	4	12	47
Charity Organization Society	28	3	11	42
Guardians (Infant Doctors, Relieving Officers, etc). ..	6	..	3	9
Church Workers (District Visitors, etc.)	18	2	12	32
Existing Dispensary Patients	45	3	22	70
Contact Cases	114	69	83	266
Paddington Dispensary ..	9	..	..	9
Notice Board	6	1	3	10
Lectures	4	1	..	5
Schools (Doctors, Attendance Officers, etc.	16	2	6	24
Health Society and Care Committee	14	4	12	30
Not recommended	64	9	38	111
TOTAL	384	98	208	690

CO-OPERATION WITH OTHER VOLUNTARY AGENCIES.

The Dispensary has co-operated with the Charity Organisation Society, the Portland Town Association, the Health Society, the Invalid Children's Aid Association, and the School Care Committees. These bodies have rendered invaluable assistance to the Dispensary, as through them suitable treatment was provided for many patients. Again, patients have been sent to Mount Vernon Hospital for Consumption, to Brompton Hospital, and to the City Hospital for Diseases of the Chest. It is hoped to arrange for a more intimate system of co-operation, whereby these hospitals might, if they so desired, refer to the Dispensary either the patient or the patient's family in cases where this were advisable.

CO-OPERATION WITH THE PUBLIC HEALTH DEPARTMENT.

All cases are notified to the Medical Officer of Health for St. Marylebone, and to the Medical Officers for Health of other Boroughs where patients are found to be from outside our area. The Public Health Department also undertakes the disinfection of patient's homes in every case of death, on the removal of a patient, or from time to time if the home conditions are very bad, when notified by the Dispensary. Under the new regulations (Poor Law Notification) the Sanitary Inspectors on their visits to the homes of patients notified by the Poor Law have discovered and sent to the Dispensary a large number of contact cases. The block showing the distribution of deaths in this Borough during the last five years is published by kind permission of Dr. Charles Porter, the Medical Officer for Health.

CO-OPERATION WITH GENERAL PRACTITIONERS.

Tuberculosis is a social question, merging into the darker field of poverty. Where there is overcrowding, underfeeding, and want, with their concomitants of apathy and indifference to the essential principles of hygiene, there the disease finds its easiest victims and plays most havoc. Its greatest stronghold is in the one-roomed and the two-roomed house of what one might call the casual working man, the man of varying occupations, often unemployed, frequently assisted by Churches, charities, and the rates, rearing a family of five or six children on an average wage of 15/- to 25/- per week, and always within forty-eight hours of the frontier of destitution. Should one of the thousands living within this circle become tuberculous, he cannot afford to pay for such medical attention and skill as he should receive.

The Dispensary makes every effort to avoid treating any patient already under a private practitioner. No patient is seen if (*a*) he has a family doctor, or (*b*) if he has attended a doctor within the previous three months, without that doctor's sanction in writing.

The form used by the Medical Officer in communicating with the private practitioner will be found in the Report of the Executive Committee (page 8).

In actual practice it is usual for the Medical Officer to send in addition to this a rather more detailed private note. In most cases the doctor writes to say that he will be glad to have the patient treated at the Dispensary, in some instances he has replied that as the patient has hitherto paid him he thinks the case is unsuited to receive charity. With that the Medical Officer to the Dispensary naturally agrees, and the patient is not seen again. That is in cases where patients have been examined at the Dispensary, but if the facts be known, patients are not seen until they have received the sanction of the doctor who had previously attended them. Lastly, by means of our intimate association and co-operation with voluntary agencies and workers, we are able to determine easily if any case is not suitable for medical charity, and such cases no anti-tuberculosis dispensary desires.

Those private practitioners who understand the details of our working find the Dispensary of value in more ways than one. They send patients who are unable to afford continuous medical attendance, or from homes where social conditions are so bad that more than one agency is required for their removal. Doubtful cases are sent for such supervision as neither the patient's financial position nor the exigencies of a general practice can well afford. Patients are also sent to the Dispensary in cases when the private practitioner desires a second opinion, or to have the sputum examined, or a tuberculin test carried out.

GENERAL RECORD OF THE PATIENTS.

TABLE X.

General Record of the Patients suffering from Pulmonary Tuberculosis seen for the first time at the Dispensary during the year 1911.

Total number of Patients attending Dispensary found to have Pulmonary Tuberculosis...		482
Total number of Patients seen only at their own homes and found to have Pulmonary Tuberculosis		9
In Hospitals and Sanatoria	20	
Sought advice elsewhere	26	
Removed out of District	57	
Died	18	
Advised to attend once every six months	36	
Lost sight of; not attended for three months prior to 31st December, 1911	20	
Total	177	
Total number of Consumptive Patients on Dispensary Books, 31st December, 1911		305

TABLE XI.

The particulars of the nine bed patients (*i.e.*, patients examined in their own homes, who have never attended the Dispensary, being confined to bed from the first) seen during 1911 for the first time, are shown in the following table. Most were advanced cases, and have since died:—

Male. Age.	Female. Age.	Diagnosis.	Home Conditions.	Remarks.
43	—	Advanced pulmonary tuberculosis.	Bad.	Died in St. Luke's Home.
—	21	Ditto.	Average.	Died in Hospital of St. John & Elizabeth. An infant of 8 months, died of tuberculous meningitis.
—	25	Ditto.	Good.	Died at home. Treated until the end by the Dispensary
47	—	Ditto.	Average.	Died in Infirmary.
36	—	Ditto.	Average.	Died in St. Luke's Home.
—	48	Ditto.	Average.	Died at home. Treated until the end from the Dispensary.
38	—	Ditto.	Bad.	Still under treatment, very much improved.
—	61	Ditto.	Very bad.	Has gone to Infirmary.
23	—	Pulmonary tuberculosis and psoas abscess.	Good.	Admitted to Middlesex Hospital.

Note.—The bed patients who were able to attend the Dispensary before the last stages of their illness are not included in this table.

PART II.

SOCIAL AND ECONOMIC CONDITIONS OF THE PATIENTS.

The following Tables deal with the home conditions, occupations, social and economic circumstances of those patients who attended the Dispensary during the first year, and were found to have pulmonary tuberculosis or tuberculosis.

TABLE XII.

The homes of 482 patients suffering from pulmonary tuberculosis or tuberculosis were situated as follows:—

Situation of Home.	
Top Floor	80
Second Floor	58
First Floor	122
Ground Floor (Parlours)...	153
Basement (Kitchens)	29
Mews	14
Not ascertained*	26
TOTAL	482

* Includes Common Lodging Houses, homes outside the Borough, homes of domestic servants and others, who did not desire that a visit should be paid by the Dispensary.

TABLE XIII.

The housing accommodation of these patients were as follows:—

A.—76 were living in Homes of One Room only, as follows:—

Alone	7
With 1 other person	27
,, 2 ,, ,, ...	24
,, 3 ,, ,, ...	13
,, 4 ,, ,, ...	2
,, 5 ,, ,, ...	3
TOTAL	76

B.—202 were living in Homes of Two Rooms, as follows:—

Alone	4
With 1 other persons	12
,, 2 ,, ,, ...	31
,, 3 ,, ,, ...	44
,, 4 ,, ,, ...	34
,, 5 ,, ,, ...	38
,, 6 ,, ,, ...	24
,, 7 ,, ,, ...	10
,, 8 ,, ,, ...	5
	202

C.—111 were living in Homes of Three Rooms, as follows:—

With 1 other person	6
,, 2 ,, ,, ...	7
,, 3 ,, ,, ...	25
,, 4 ,, ,, ...	13
,, 5 ,, ,, ...	21
,, 6 ,, ,, ...	7
,, 7 ,, ,, ...	21
,, 8 ,, ,, ...	11
TOTAL	111

D.—53 were living in Homes of Four Rooms, as follows:—

With 2 other persons	3
,, 3 ,, ,, ...	3
,, 4 ,, ,, ...	9
,, 5 ,, ,, ...	16
,, 6 ,, ,, ...	14
,, 7 ,, ,, ...	6
,, 8 ,, ,, ...	1
,, 9 ,, ,, ...	1
	53

E.—6 were living in Homes of Five Rooms, as follows:—

With 4 other persons	3
,, 7 ,, ,, ...	3
	6

F.—5 were living in Sub-let Houses of Six Rooms, as follows:—

With 8 other persons	5

G.—1 was living in a Sub-let House of Seven Rooms, as follows:

With 6 other persons	1

H.—2 were living in Sub-let Houses of Eight Rooms, as follows:

With 7 other persons	2

The conditions under which those patients diagnosed as pulmonary tuberculosis were found to be sleeping prior to their homes coming under the supervision of the Dispensary are set forth in the following Table:—

TABLE XIV.

163 Patients were sleeping alone in bed, as follows:—

Total number of persons sleeping in same room (including the Patient).	
One (*i.e.* the Patient)	54
Two (the Patient and 1 other)	54
Three „ 2 „	36
Four „ 3 „	17
Five „ 4 „	2
TOTAL	163

184 Patients were sleeping with one other person in same bed, as follows:—

Total number of persons sleeping in same room (including the Patient).	
Two (the Patient and 1 other)	71
Three „ 2 „	57
Four „ 3 „	39
Five „ 4 „	17
TOTAL	184

95 Patients were sleeping with two other persons in same bed, as follows:—

Total number of persons sleeping in same room (including the Patient).	
Three (the Patient and 2 others)	59
Four „ 3 „	17
Five „ 4 „	15
Six „ 5 „	4
	95

11 Patients were sleeping with three other persons in same bed, as follows:—

Total number of persons sleeping in same room (including the Patient).	
Four (the Patient and 3 others)...	11

3 Patients were sleeping with four other persons in same bed, as follows:—

Total number of persons sleeping in same room (including the Patient).	
Five (the Patient and 4 others)	3

OCCUPATIONS.

TABLE XV.

The occupations of the 482 cases of pulmonary tuberculosis and tuberculosis are shown in the following Table:—

MALES.

Occupation.	Working.	Not Working.	TOTAL.
Schoolboys	...	...	87
Infants	...	...	34
Baker's Roundsman	1	...	1
Butler's Assistant	1	1	2
Cabinet Maker	...	1	1
Cabman	...	2	2
Carman	2	3	5
Carpenter	...	1	1
Carriage Cleaner	2	...	2
Cellarman	1	...	1
Chemist	...	1	1
Clerk	2	1	3
Chimney Sweep	...	1	1
Coachman	3	1	4
Cooks	3	...	3
Costermonger	1	1	2
Electrician	1	1	2
Carried forward	...	...	152

MALES—*Continued.*

Occupation.	Working.	Not Working.	TOTAL.
Brought forward	...	...	152
Errand Boy	2	1	3
Ex-Soldier	...	1	1
Fish Fryer	...	1	1
Gardener	1	2	3
General Builder	...	1	1
Harness Maker...	1	...	1
Housekeeper	2	1	3
Interpreter	...	1	1
Iron Moulder	...	1	1
Jeweller	...	1	1
Labourer	2	7	9
Mason	1	...	1
Metal Worker	2	...	2
Milkman	...	1	1
Motorman	...	1	1
Night Watchman	...	1	1
Organ Maker	...	1	1
Painter	1	8	9
Picture Framer...	1	1	2
Plasterer	...	1	1
Plumber...	1	2	3
Porter	2	5	7
Portmanteau Maker	1	...	1
Poulterer	1	1	2
Printer	1	2	3
Road Sweeper	1	...	1
Seaman	...	1	1
Shop Assistant	1	...	1
Sieve Maker	...	1	1
Silk Twister	1	...	1
Shoemaker	...	1	1
Tailor	3	...	3
Telegraph Messenger	1	...	1
Theatre Attendant	1	...	1
Upholsterer	1	...	1
Waiter	1	1	2
Wood Chopper	...	1	1
Warehousemen...	1	1	2
No occupation	...	...	2
TOTAL	...	...	231

FEMALES.

Occupation.	Working.	Not Working.	TOTAL.
Schoolgirls	...	...	113
Infants	...	...	11
Housewife	65	11	76
Baker	1	...	1
Bookfolder	1	1	2
Charwoman	3	4	7
Civil Service	1	...	1
Domestic Servants	1	1	12
Dressmaker	9	1	10
Laundrymaid	...	1	1
Mother's Help	6	1	7
Nurse	...	1	1
Printer's Assistant	...	1	1
Shop Assistant	1	...	1
Shirt Ironer	...	1	1
Stenciller	1	...	1
Tailoress	1	1	2
No Occupation	...	...	3
	...	...	251

SUGGESTED OCCUPATIONS FOR CONSUMPTIVES.

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 for the work).
Hop Picking.
Housemaids' Work (if not in contact with food or children).
Ironing, Folding and Mending (in laundry).
Jewel Case Making.
Lace Making.
Leather Work.
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.

MEN.

Errand Boys, Golf Boys, Messenger Boys, News Boys, Van Boys — Unless well enough to be apprenticed to a healthy trade.

Bath Chairmen.
Basket Making.
'Bus and Tram Conductors.
Canvassers.
Caretakers (if not compelled to sleep in unhealthy basements).
Carpenters and Joiners.
Commissionaires.
Chaffeurs (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.
Woodmen (to be employed if the afforestation scheme is carried out).

One of the greatest difficulties in finding employment for patients is that they are not willing to take up low paid easy boy labour. If boys were prohibited from selling papers (a great blind alley), there would be suitable employment for thousands of consumptives in London.

CHARITABLE ASSISTANCE.

From the Borough of St. Marylebone there were 446 patients suffering from pulmonary tuberculosis. Of these, 128 (or 28·6 per cent.) were found to be in need of some form of assistance. Other cases were investigated, but not assisted. The nature of the assistance received is indicated in the following Table:—

TABLE XVI.

Name of Society.	No.
Charity Organisation Society	51
Guardians	41
Church	21
Church Army	7
Jewish Board of Guardians	3
Children's Aid Association	1
School Dinners	4
TOTAL	128

ECONOMIC EFFECT.

Of 235 patients above the age of 15, in all stages of pulmonary tuberculosis, it was found that 82 (or 31·9 per cent.) had suffered an economic loss on account of the disease. The actual loss in wage-earning power of the patients is shown in the following Table:—

TABLE XVII.

CASES OVER 15 YEARS OF AGE.

Nil.	— 5/-	— 5/- to 10/-	— 10/- to 15/-	— 15/- to 20/-	— 20/- to 30/-	— 30/- +	TOTAL.
153	3	9	15	10	27	18	235

INSURANCE—DEATH.

The amount of insurance against death among 482 patients was found to be as follows:—

TABLE XVIII.

Nil.	£1 to £5.	£5 to £10.	£10 to £15.	£15 to £20.	£20 to £25.	£25 +	TOTAL.
175	69	157	63	6	9	3	482

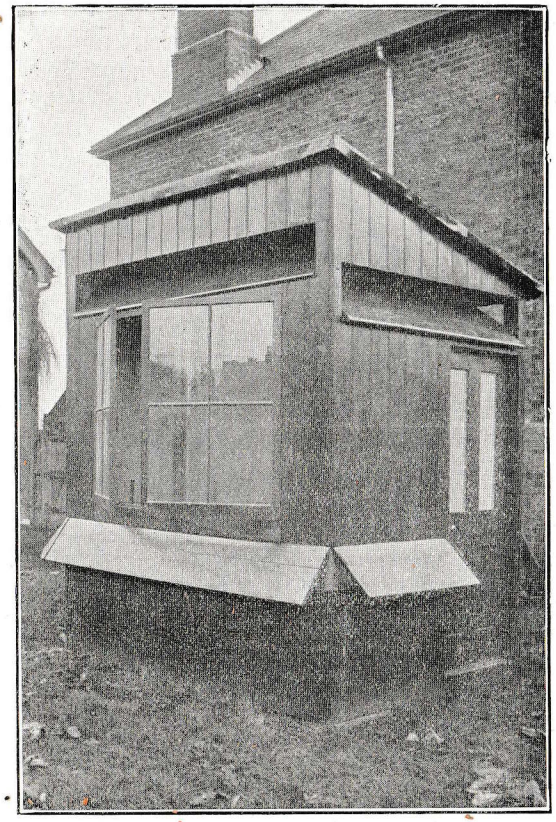
OPEN-AIR SHELTERS.

The use of open-air shelters is very valuable for a variety of cases under treatment at the Dispensary. Those patients who have too advanced disease to be sent to sanatoriums, those who are not willing to go to sanatoriums on account of leaving their work, those who have returned from sanatoriums, and patients waiting admission to sanatoriums, are, among others, most likely to benefit by having the very best conditions of open air, even in the centre of a city. Very often the change from sleeping in a room, even if the bed be across an open window, to spending the night in an open shelter in the backyard will turn the scale in a patient's favour. Thanks to Miss Bruce, the Dispensary has the use of a Speedwell Shelter, which is loaned to patients.

In the open space at the back of the Dispensary a "Pure Air Shelter" has been erected. The defect in the majority of shelters is that they are constructed to keep out the rain, whereas their first essential should be to let in the air. Moreover, in some the amount of air entering may be diminished by the patient, and if windows and doors be shut to keep out the rain, the shelter is converted into a tent with little or no ventilation. Again, a very frequent defect is that the roof slopes downwards from back to front, constituting a *cul-de-sac* for the collection of impure expired air. All revolving shelters, on the other hand, have the defect that their exposure is determined by the direction of the wind.

To obviate these defects the "Pure Air Shelter" was designed. It is a timber structure, made in sections, easily put together, varnished inside, painted outside, and roofed with rubberoid. It is designed to ensure that the patient never breathes the same air twice, there being through ventilation in all conditions of weather, as even with the windows and door closed the shelter is open to the air over an area of 56 square feet. This is attained by the use of everted and inverted planes fixed at an angle of 45° and running round all sides, so that there is constant exchange of air, while at the same time it is impossible even for driven rain to enter.

When the patient is in bed the current of air is directed over his head and crosses the shelter diagonally. The use of these planes appeared to be the simplest structural method of ensuring continuous through ventilation.



The "Pure Air Shelter" at the St. Marylebone Dispensary for the Prevention of Consumption, 15 Allsop Place, N.W.

MEN.

Errand Boys, Golf Boys, Messenger Boys, News Boys, Van Boys — Unless well enough to be apprenticed to a healthy trade.
Bath Chairmen.
Basket Making.
'Bus and Tram Conductors.
Canvassers.
Caretakers (if not compelled to sleep in unhealthy basements).
Carpenters and Joiners.
Commissionaires.
Chaffeurs (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.
Woodmen (to be employed if the afforestation scheme is carried out).

One of the greatest difficulties in finding employment for patients is that they are not willing to take up low paid easy boy labour. If boys were prohibited from selling papers (a great blind alley), there would be suitable employment for thousands of consumptives in London.

CHARITABLE ASSISTANCE.

From the Borough of St. Marylebone there were 446 patients suffering from pulmonary tuberculosis. Of these, 128 (or 28·6 per cent.) were found to be in need of some form of assistance. Other cases were investigated, but not assisted. The nature of the assistance received is indicated in the following Table:—

TABLE XVI.

Name of Society.	No.
Charity Organisation Society	51
Guardians	41
Church	21
Church Army	7
Jewish Board of Guardians	3
Children's Aid Association	1
School Dinners	4
TOTAL	128

ECONOMIC EFFECT.

Of 235 patients above the age of 15, in all stages of pulmonary tuberculosis, it was found that 82 (or 31·9 per cent.) had suffered an economic loss on account of the disease. The actual loss in wage-earning power of the patients is shown in the following Table:—

TABLE XVII.

CASES OVER 15 YEARS OF AGE.

Nil.	— 5/-	— 5/- to 10/-	— 10/- to 15/-	— 15/- to 20/-	— 20/- to 30/-	— 30/- +	TOTAL.
153	3	9	15	10	27	18	235

INSURANCE—DEATH.

The amount of insurance against death among 482 patients was found to be as follows:—

TABLE XVIII.

Nil.	£1 to £5.	£5 to £10.	£10 to £15.	£15 to £20.	£20 to £25.	£25 +	TOTAL.
175	69	157	63	6	9	3	482

OPEN-AIR SHELTERS.

The use of open-air shelters is very valuable for a variety of cases under treatment at the Dispensary. Those patients who have too advanced disease to be sent to sanatoriums, those who are not willing to go to sanatoriums on account of leaving their work, those who have returned from sanatoriums, and patients waiting admission to sanatoriums, are, among others, most likely to benefit by having the very best conditions of open air, even in the centre of a city. Very often the change from sleeping in a room, even if the bed be across an open window, to spending the night in an open shelter in the backyard will turn the scale in a patient's favour. Thanks to Miss Bruce, the Dispensary has the use of a Speedwell Shelter, which is loaned to patients.

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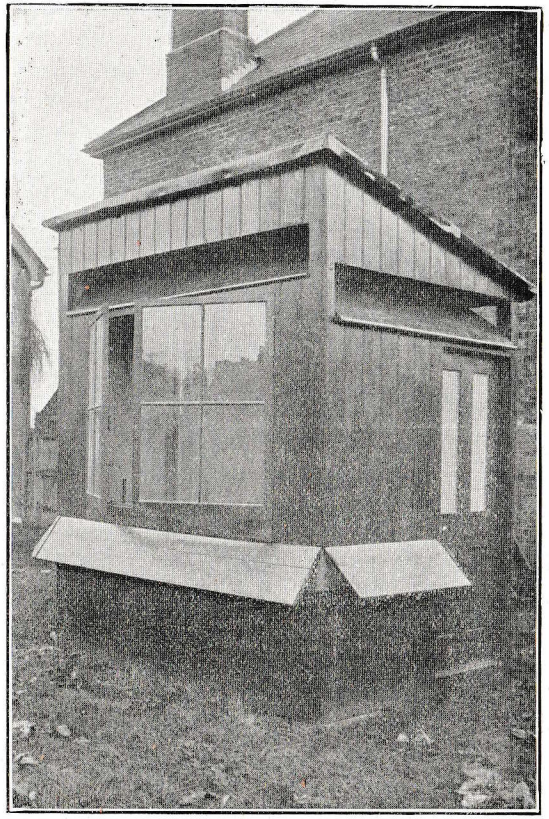


The "Pure Air Shelter" at the St. Marylebone Dispensary for the Prevention of Consumption, 15 Allsop Place, N.W.

Part III.—Illustrative Cases.

THE VALUE OF HOME VISITING.

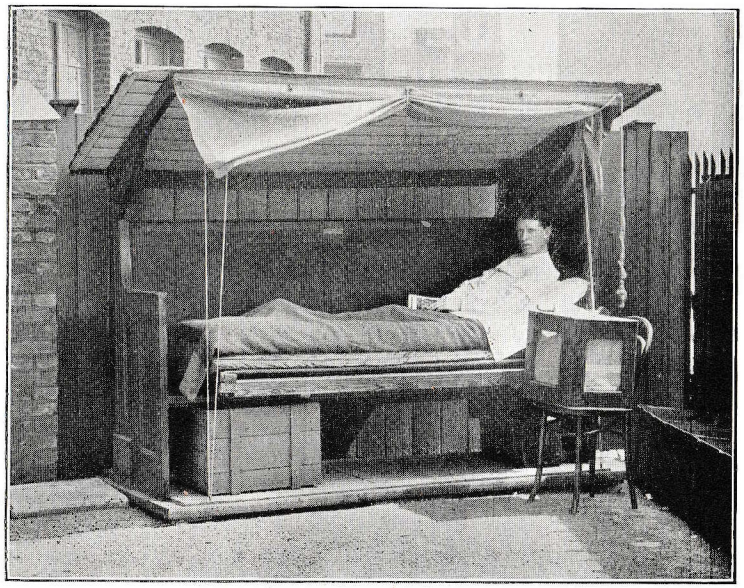
Case I. (Bed Patient 9).—F. S., aged thirty-eight, married, a Coachman, had cough for two years, with frequent hæmoptysis. A week before sending to the Dispensary he saw a private doctor, who advised him to apply to us for treatment. The patient was found to have advanced disease, there being a cavity in one lung, and both lungs were involved. He had a high temperature with night sweats every night, and was very weak. The home consisted of two rooms, the windows being hermetically closed, and his wife and a boy of nine were the other occupants. His wife shared the bed, and no precautions were taken against infection. The patient was induced to open the windows top and bottom, and to have his bed placed right up to and across the open window and to sleep alone. Immediately he began to improve and after eight weeks was able to attend the Dispensary, where he is having tuberculin treatment. His wife and son were examined at home and found to be infected. Both are now under the supervision of the Dispensary, the boy attending the Open Air Class. The windows at home are now kept open in all weathers, day and night, and he takes every precaution to avoid infecting others.

THE IMPORTANCE OF EXAMINING "CONTACTS."

Case II. (603).—In the course of visiting a patient dying at home, her family were examined, with the result that her husband, five daughters, and one son, were all found to be infected. In three weeks time the mother died and the home was disinfected. The youngest daughter aged three now developed grave symptoms and died a fortnight later of tuberculous meningitis. The next two youngest were taken by the Guardians. The father and three daughters began to attend the Dispensary and are all doing well. One of the daughters was newly married. She had very definite signs of pulmonary tuberculosis which has now been arrested, and as she will always be under the supervision of the Dispensary there is no reason to fear a repetition of the tragedy in her own family. It is not too much to say that if these people had not been examined and treated at a stage before they were aware of the presence of the disease, the sequence might have been very different to all of them.

THE USE OF OPEN AIR SHELTERS

Case III. (727).—M. A., aged thirty-six, a Dressmaker, attended the Dispensary with a history of having been ill for many years. Both lungs were involved to a considerable extent, and she was not a suitable case for sanatorium treatment. For the first two months that she attended, although



Patient sleeping out in Shelter.

there was slight gain in weight she continued to have a high temperature in the evenings. The house was stuffy, and although the window was open, it was felt that the patient would improve if placed under conditions of pure air at night. It was suggested that the Dispensary would lend her a Speedwell Shelter, if she agreed to sleep in the garden at night. To this, after some diffidence due to an erroneous fear of "catching cold," she agreed. The improvement in her

temperature has been very marked, and the patient is generally making good progress. According to her own statement, she would now find it impossible to sleep indoors.

THE SELECTION OF CASES FOR SANATORIUM TREATMENT.

Case IV. (435-5).—Two sisters, sixteen and nineteen, Domestic Servants, attended the Dispensary with a history of having been exposed to considerable family infection. Both had moderately advanced disease in both lungs, and were generally run down. After two months treatment during which they gained 3 lbs. and $3\frac{3}{4}$ lbs. in weight, it was clear that if the disease was to be completely arrested they should be placed under the best hygienic conditions. Arrangements were made with the Charity Organisation Society for their admission to a Sanatorium, where they have made very rapid progress to recovery, each gaining nearly a stone in weight.

THE AFTER CARE OF SANATORIUM CASES.

Case V. (308).—J. T. B., aged forty-two, male, married, a Poulterer. His illness developed three years ago, and for two years he attended the out-patient department of a Hospital. He was then sent to a Sanatorium for six months at which there was no system of graduated labour, and on returning to work he immediately broke down. Following this, he was again sent to a Sanatorium for two months, and was discharged as unlikely to benefit further by the treatment. Under the Dispensary he was kept in bed for two months when the temperature became normal, and he was able to attend the Dispensary for tuberculin treatment. He is making good progress. In this case there were four contacts, one of whom was found to have early pulmonary tuberculosis and is now under treatment.

THE ISOLATION OF ADVANCED CASES IN INFIRMARIES AND SPECIAL HOSPITALS.

Case VI. (06).—A. S., aged thirty-six, male, Plumber, was attended at his own home from the Dispensary. The patient was in a house of three rooms with his wife and a family of

three girls and two boys. He had been ill for four years and had done little work for six months. His club money had run out and the family were in great distress until relieved by the Charity Organisation Society. The wife and two of the children were found to be infected, and as the rest of the family was in a low state of health there was considerable danger of further infection. The patient's wife, although infected and under treatment at the Dispensary, was able and willing to work but was prevented from doing so since her husband required a good deal of attention. In the interest of all, the patient was, therefore, advised to enter St. Luke's Home. With better nursing and nourishment he improved for a time, but died four months later.

THE TREATMENT OF CERTAIN ADVANCED CASES IN THEIR OWN HOMES.

Case VII. (265).—A. C., aged thirty-three, male, a Seaman in the Royal Navy, was discharged from the Royal Naval Hospital as incurable, and returned to live with his parents in the Borough. A brother and sister were also at home. These and the father and mother were examined and found to be healthy. The patient and the entire family co-operated with the Dispensary in the treatment and prevention of infection. The window in the patient's room was taken out, disinfectant was used for the sputum, and separate table utensils were reserved for the patient, these being sterilised by boiling after each meal. The patient was treated from the Dispensary up to his death, which occurred nine months later.

THE VALUE OF CO-OPERATION WITH THE CHARITY ORGANISATION SOCIETY.

Case VIII. (333).—C. C., aged twenty-one, male, unmarried, a Blacksmith's Labourer, first attended the Dispensary in June, 1911, complaining of shortness of breath and cough. He had begun to cough five years ago, and there was now well marked active disease affecting both lungs. As there was yet hope for his recovery the patient was referred to the Charity Organisation Society with a view to obtaining sanatorium treatment, and the Society arranged that he go to

the Royal National Sanatorium at Bournemouth. This Institution was, however, closed for two months, and as the patient was quite unfit for work, he was advised to enter the Infirmary and remain there until he could be admitted to the Sanatorium. He was in the Infirmary for seven weeks and gained 11½ lbs. in weight. The disease was less acute, but still present in both lungs. He now went to the Sanatorium for two months and returned with the disease arrested, and having no cough or expectoration. He had only gained half-a-pound in weight but his general condition was good.

It was now desired to find employment for him either at home or in the Colonies, but it was felt that before the Society should expend money for this, the patient should have a four months course of tuberculin treatment at the Dispensary. For the first two months the patient lived at home, but his father getting into debt the home was broken up, and his people left London. The Dispensary then arranged that the patient should occupy the Pure Air Shelter erected on the ground behind the Dispensary, while the Society made him a weekly allowance for food. This has worked excellently. The patient has continued to improve, the course of tuberculin is now completed, and work has been found for him in Essex.

PART IV.

Report on Working of Experimental Open-Air Class in Regent's Park.

A considerable portion of our patients are children of school age. They include those suffering from active disease, and also that larger group presenting the signs of definitely determinable infection, these last being "tuberculous seedlings." It was found, especially in the first group, that improvement was slow or absent so long as they attended the ordinary schools.

The Open-Air Class in Regent's Park opened on January 19th, 1911, and continued for two months, being discontinued owing to the difficulty of finding a suitable teacher and of providing a salary from parents' contributions of 6d. per week. Thanks to Miss Broadbent and the Charity Organisation Society, the class re-opened on June 12th, under more satisfactory conditions, Mrs. Fitzgerald a teacher of fourteen years experience being appointed, and the salary guaranteed for a period of seventeen weeks. Camp-chairs, foot-warmers, rugs and a table have been presented by Miss Broadbent, Sir Eric Barrington, Dr. J. Edward Squire and by Miss Mortlock Brown respectively. Through the kindness of Mr. Debenham, the Mayor, the class were able to share in the summer outing for children attending special schools. Mr. Debenham also presented rugs to the entire class at Christmas.

The parents provide the mid-day dinner, and the surroundings at home being unchanged, any improvement may be attributed to the conditions under which the class is held. The Class now meets in the Bandstand, Regent's Park. The dinners are kept hot in special aluminium tins provided by Miss McGaw. The Dispensary lends clogs to the children for use in the Park.

The experimental seventeen weeks elapsed and the improvement in the children was very marked even during so short a period. It was apparent both in the Consulting-room and in their homes. Perhaps the first thing noticed by the parents is the improved appetite, and as the food is the same, this can only be attributed to the substitution of

the pure air of the park for the atmosphere of rooms, in which ventilation is unsatisfactory.

Mrs. Fitzgerald reports a very marked improvement in attention, alertness, intelligence and cleanliness. There is an excellent *esprit de corps* among the children, and though their education is being carried out under primitive conditions, their work, which may be seen at the Dispensary, is distinctly creditable.

The great point is that, although the children are exempted from attending the ordinary schools by medical certificate, their education is being carried on. The school officials of the L.C.C. have given us the most valuable assistance. The attendance officer to whom a list of all absent children is sent every week sees that the children when exempted from the ordinary school, attend the Open-air Class regularly.

The arrangement of school work and hours is as follows:

	9-10	10-10.45	10.45-11.15	11.15-11.30	11.30-12
Monday	Temperatures taken	Arithmetic	Reading	Rest or Organised Games	Composition
Tuesday	,,	,,	Writing	,,	Reading
Wednesday	,,	,,	Spelling	,,	,,
Thursday	,,	,,	Reading	,,	Writing
Friday	,,	,,	,,	,,	Spelling

	2-3	3-3.15	3.15-3.30	3.30-4	4.30-5
Monday	Girls, Needlework Boys, Drawing	Rest	Recitation	Nature Study	Temperatures taken
Tuesday	Girls, Knitting Boys, Colouring	,,	Object Lesson	Composition	,,
Wednesday	Girls, Needlework Boys, Drawing	,,	Geography	Map Drawing	,,
Thursday	History	,,	Reading	Writing	,,
Friday	Recitation		Collecting Specimens and Talks on Nature Study		,,

Dinner is at 12.45, the children resting for three quarters of an hour before and after. The temperatures are taken at the Dispensary by the Nurse, morning and evening. Any child with a temperature of over 99° Fah. is put in absolute rest all day, and any with temperatures of 100° Fah. are sent home to bed in the morning. Practically all the children on coming to school for the first time show a degree of fever, which soon settles with graduated rest and exercise.

For half-an-hour on Tuesday and Friday mornings the patients have Swedish and medical gymnastics, under the supervision of Miss Bergheim, who has generously placed her services at the disposal of the Dispensary. These exercises strengthen the system generally, the respiratory and cardiac systems particularly, and are also used for the correction of any deformities of chest and spine, so frequent in these patients.

If the results of treatment in the Open-air Class were to be judged solely by the gain in weight, it could justly be urged that such increase is usual in growing children, and might therefore have no direct relation to the factor of pure air. To meet this objection the change in weight during the period of attendance at the Open-air Class is compared to the loss or gain during the period the children were under treatment at the Dispensary before being placed in the Class. Further, these weights are compared with those of another group of children, likewise under treatment at the Dispensary but not attending the Open-air Class. From a clinical standpoint, there are two factors which might influence these results—the stage of the disease and the medical treatment adopted. To make this clear, the tables include the diagnosis and a statement whether or not the patient is on tuberculin treatment. The general and medicinal treatment is a constant factor.

It will be seen that the majority of these children are far below that which is regarded as normal weight. The weight in childhood varies greatly, according to age, height, girth and development, but there are two methods whereby a rough standard has been stated. Where large numbers of children

at different ages have been weighed, as in the Report of the British Association Anthropometric Committee and in the Report of the State Board of Health of Massachusetts, it is possible to give approximately the average weight at each age.

Boys (British Association).		Girls. (Massachusetts).	
Age.	Weight.	Age	Weight.
5	3st. 8lbs.	5	2st. 12lbs.
6	3st. 12lbs.	6	3st. 1lb.
7	4st. 1lb.	7	3st. 6lbs.
8	4st. 4lbs.	8	3st. 10lbs.
9	4st. 9lbs.	9	4st. 1lb.
10	4st. 13lbs.	10	4st. 6lbs.
11	5st. 3lbs.	11	4st. 13lbs.
12	5st. 9lbs.	12	5st. 8lbs.
13	6st. 0lbs.	13	6st. 5lbs.
14	6st. 6lbs.	14	7st. 0lbs.
15	7st. 5lbs.	15	7st. 8lbs.

By making extensive observations of the relation of height and girth to weight, various formulas have been evolved to estimate the weight from the height and girth. Of these, Vierordt's is H.G./17=W., H.=height in inches, G.=girth in inches, W.=weight in pounds.

As all these methods at best give but an average, a certain variation above and below is compatible with health. In the following tables the British Association and American statistics are taken as the normal, and in the first twelve cases the variation from Vierordt's standard is also worked out.

On the results of a course of Swedish Medical Gymnastics, Miss Bergheim reports:—

"A class of 39 children has attended a course of Swedish Medical Exercises twice a week for some 10 weeks. Twenty-one of these children, whose measurements I give in the following table, put in a fair number of attendances.

TABLE XIX.

Boys.

Number.	Age.	Attendances.	Measurements.			
			Chest.	Expanded.	Biceps.	Calf.
I.	10	11	$21\frac{3}{4}$ / $22\frac{1}{4}$	$23\frac{1}{4}$ / 24	6 / $6\frac{1}{4}$	$8\frac{1}{2}$ / $8\frac{1}{2}$
II.	7	15	$22\frac{1}{4}$ / $22\frac{1}{2}$	$23\frac{1}{4}$ / 24	$6\frac{1}{2}$ / $6\frac{1}{2}$	$8\frac{1}{4}$ / $9\frac{1}{4}$
III.	7	11	$23\frac{1}{4}$ / 24	$24\frac{3}{4}$ / $25\frac{1}{2}$	$6\frac{3}{4}$ / $6\frac{3}{4}$	$9\frac{3}{4}$ / 10
IV.	7	18	24 / $24\frac{1}{4}$	$25\frac{1}{4}$ / 26	$6\frac{1}{2}$ / $6\frac{1}{2}$	9 / 9
V.	9	17	$22\frac{3}{4}$ / 23	$23\frac{1}{4}$ / $24\frac{1}{4}$	$5\frac{5}{8}$ / $5\frac{5}{8}$	$9\frac{3}{8}$ / $9\frac{3}{4}$
VI.	13	20	26 / $26\frac{1}{4}$	$27\frac{3}{4}$ / 28	$7\frac{3}{4}$ / 8	11 / 11
VII.	9	19	$23\frac{1}{2}$ / 24	$24\frac{1}{2}$ / $26\frac{1}{4}$	$6\frac{1}{2}$ / $6\frac{1}{2}$	9 / $9\frac{1}{4}$
VIII.	5	16	$21\frac{1}{2}$ / 22	$22\frac{1}{4}$ / $24\frac{1}{8}$	$2\frac{7}{8}$ / $5\frac{7}{8}$	9 / 9

GIRLS.

NUMBER.	AGE.	ATTEND-ANCE.	MEASUREMENTS.			
			Chest.	Expanded	Biceps.	Calf.
IX.	13	20	$25\frac{3}{4}$ $26\frac{1}{4}$	27 $27\frac{1}{2}$	$8\frac{1}{2}$ $8\frac{1}{2}$	12 $12\frac{1}{4}$
X.	6	18	$20\frac{1}{4}$ $20\frac{1}{4}$	22 $22\frac{1}{4}$	$5\frac{3}{4}$ $6\frac{1}{8}$	$8\frac{3}{4}$ 9
XI.	9	20	$23\frac{1}{4}$ $23\frac{1}{4}$	$25\frac{1}{4}$ $25\frac{1}{4}$	$6\frac{1}{2}$ $6\frac{3}{4}$	$10\frac{1}{4}$ $10\frac{3}{8}$
XII.	12	20	$23\frac{1}{4}$ $23\frac{1}{2}$	25 $25\frac{1}{2}$	7 $7\frac{1}{8}$	$9\frac{3}{4}$ 10
XIII.	7	18	$18\frac{1}{2}$ $18\frac{1}{2}$	$20\frac{1}{4}$ $20\frac{1}{4}$	$5\frac{3}{4}$ $6\frac{1}{8}$	$8\frac{1}{4}$ $8\frac{3}{8}$
XIV.	12	10	23 23	$24\frac{3}{4}$ $24\frac{3}{4}$	$6\frac{3}{4}$ $6\frac{7}{8}$	9 $9\frac{1}{4}$
XV.	10	18	$22\frac{1}{2}$ 23	$24\frac{1}{4}$ $24\frac{1}{2}$	$6\frac{1}{2}$ $6\frac{5}{8}$	$9\frac{1}{2}$ $9\frac{3}{4}$
XVI.	6	15	23 23	$23\frac{1}{4}$ $23\frac{1}{4}$	$6\frac{1}{2}$ $6\frac{3}{4}$	9 $9\frac{1}{2}$
XVII.	9	18	23 23	$24\frac{3}{4}$ 25	$6\frac{1}{2}$ $6\frac{5}{8}$	$9\frac{3}{4}$ 10
XVIII.	11	16	$24\frac{1}{2}$ —	$25\frac{1}{2}$ —	7 7	$9\frac{1}{2}$ $9\frac{7}{8}$
XIX.	8	16	22 23	23 24	$6\frac{3}{4}$ $6\frac{3}{4}$	9 $9\frac{1}{2}$
XX.	10	9	$24\frac{1}{4}$ $24\frac{1}{4}$	26 $26\frac{1}{4}$	8 8	$11\frac{1}{2}$ 12
XXI.	11	18	$24\frac{1}{4}$ $24\frac{1}{4}$	$25\frac{3}{4}$ $26\frac{1}{4}$	$7\frac{1}{4}$ $7\frac{3}{4}$	$10\frac{3}{4}$ 11

On the whole the children show distinct improvement in their method of breathing and their chest measurement. Expansion has increased in almost every case.

Out of 21 children, 13 have Lateral Curvature though in many cases slight. Nearly all have Winged Scapulæ (projecting shoulder blades).

It will be noted that while all the boys show some improvement, there are several girls who have apparently derived no benefit. Faulty clothing appears to me to be the chief explanation of this. The boys wear far less clothing than

The Open-Air Class in Regent's Park in June, 1911.

the girls, but what they do wear is looser and allows of freer movement.

I trust to be able to remedy this by instituting a drill costume of jerseys in place of overcoats; these being provided through the generosity of friends, one of whom now kindly takes a practice class which is held once a week between the two regular days.

When one remembers that the children are mostly ill-nourished, have little power of concentration and until

taught, do their exercises mostly in a perfunctory manner, the improvement gained is most encouraging."

On the grounds stated in this report, the Executive Committee considered it advisable to continue the class by a grant of £1 a week from the Dispensary funds, and this is regarded as the precursor of a larger scheme; this being that a house with a large garden be rented and converted into a modern open-air school capable of accommodating 50 to 100 children with a sufficiency of teachers. In support of

The Open-Air Class in Regent's Park, December, 1911.

this one would urge the hearty co-operation we have had from many of the parents, in what at first sight must have appeared to them as a startling innovation. In some cases they provided dinners when their children were previously fed at the ordinary schools. Further, the cases are at our doors. The value of such a school socially, educationally and medically, is unquestionable. A sum of £500 or £600 a year would probable be required.

There are it is estimated at least 400 tuberculous children of school age in the Borough of St. Marylebone.

GROUP I.

Dispensary Patients attending the Open-Air Class.

No.						Time at 3 years		Relation to —11 3/4	Time under 12 weeks	Gain or +1½ lbs.	Time at 20 weeks	Gain or + 3 lbs.
171	M	8	Pul. Tub. I.	Tuberculin		3st. 6¼						
61	M	5	Pul. Tub. I.	Tuberculin		Nil	3st. 1¾	—6¼	20 weeks	—1¼ lbs.	20 weeks	+ 2½ lbs.
302	M	8	Tuberculosis	Tuberculin		3 years	3st. 9	—9	7 weeks	—½ lb.	17 weeks	+ 2 lbs.
377	M	9 1/12	Pul. Tub. II.	Tuberculin		4 years	4st. 10¼	—1¼	Nil	Nil	19 weeks	+ 5¼ lbs.
51	M	7	Pul. Tub. II.	Tuberculin		2 years	3st. 13¾	—1¼	24 weeks	+ ¼ lb.	22 weeks	+ 3¼ lbs.
310	M	13	Pul. Tub. I.	Tuberculin		8 years	4st. 4¼	—23¾	Nil	Nil	8 weeks	+ 2 lbs.
236	M	7	Pul. Tub. I.	Tuberculin		2 years	3st. 3	—12	5 weeks	Stationary	21 weeks	+ 5¼ lbs.
396	M	9 1/12	Pul. Tub. II.	General		4 years	3st. 6½	—2½	Nil	Nil	21 weeks	+ 4½ lbs.
101	M	10	Pul. Tub. I.	Tuberculin		5 years	3st. 6½	—20½	8 weeks	+2½ lbs.	9 weeks	+ 1 lb.
133	M	12	Pul. Tub. I.	Tuberculin		7 years	3st. 12	—3	12 weeks	+2½ lbs.	9 weeks	+ 1¼ lb.
376	M	13	Pul. Tub.	General		8 years	6st. 5¾	+5¾	8 weeks	+¼ lb.	8 weeks	+ 6¾ lbs.
TOTAL 35							AVERAGE	9'5		+1/10 lb.	16'5	+ 3¾ lbs.

GROUP I.

Dispensary Patients attending the Open-Air Class.

No. of Case	Sex	Age.	Diagnosis	Treatment	Time at L.C.C. Schools	Weight	Relation to Standard Weight	Time under observation at Dispensary	Gain or Loss in Weight	Time at Open-Air Class	Gain or Loss in Weight
223	F	12	Pul. Tub. I.	Tuberculin	7 years	6st. 10½	+14½ (- 4½)	8 weeks	—¼ lb.	24 weeks	+ 8¼ lbs.
353	F	5 9/10	Pul. Tub. II.	Tuberculin	9 months	2st. 6½	—8½ (—10¼)	4 weeks	+ 2½ lbs.	16 weeks	+ 4½ lbs.
134	F	8	Pul. Tub. I.	Tuberculin	3 years	3st. 0¾	—9¼ (—17¼)	18 weeks	+ 2¼ lbs.	10 weeks	+ 1 lb.
151	F	7	Pul. Tub. I.	General	2 years	3st. 7	+ 1 (—8)	14 weeks	—½ lb.	22 weeks	+ 3½ lbs.
256	F	10 4/10	Pul. Tub. I.	Tuberculin	5 years	4st. 3½	+ 2½ (—11½)	8 weeks	+ ¼ lb.	22 weeks	+ 4½ lbs.
322	F	4	Tuberculosis	Tuberculin	Nil	2st. 5	(—9½)	3 weeks	Stationary	16 weeks	+ ¼ lb.
118	F	7	Pul. Tub. I.	General	2 years	3st. 1½	—4½ (—8)	16 weeks	—½ lb.	18 weeks	+ 4½ lbs.
122	F	11	Pul. Tub. I.	Tuberculin	6 years	3st. 5½	—8½ (—9½)	16 weeks	—¾ lb.	18 weeks	+ 4½ lbs.
155	F	8	Pul. Tub. I.	General	3 years	3st. 6½	—7½ (—8½)	14 weeks	—1¾ lbs.	22 weeks	+ 3 lbs.
412	F	12 1/12	Pul. Tub. I.	General	7 years	6st. 1¼	—2¾ (+5¼)	3 weeks	+ ¼ lb.	14 weeks	+ 6¾ lbs.
299	F	10	Pul. Tub. I.	Tuberculin	5 years	3st. 11¼	—8¾ (—8¾)	7 weeks	—1½ lbs.	22 weeks	+ 6 lbs.
300	F	4	Pul. Tub. I.	Tuberculin	Nil	2st. 5½	—16¾	6 weeks	—¾ lb.	20 weeks	+ 4 lbs.
354	F	6 1/12	Pul. Tub. II.	General	1 1/12 years	3st. 4½	—½	Nil	——	7 weeks	Stationary
38	F	12	Pul. Tub. I.	General	7 years	3st. 12½	—23½	36 weeks	+ 1 lb.	12 weeks	+ 4½ lbs.
185	F	11 9/12	Pul. Tub. I.	General	6 years	4st. 7¼	—12¾	16 weeks	—1½ lbs.	21 weeks	+ 6 lbs.
173	F	7 7/12	Pul. Tub. I.	General	2 7/12 years	2st. 5½	—14½	24 weeks	—½ lb.	14 weeks	+ 3½ lbs.
499	F	9 1/12	Pul. Tub. II.	General	4 years	3st. 12½	—2½	Nil	Nil	7 weeks	+ 2 lbs.
460	F	9	Pul. Tub. II	General	4 years	4st. 1	Normal	1 week	+ ¼ lb.	16 weeks	+ 4¾ lbs.
214	F	6	Pul. Tub. I.	General	1 year	3st. 3¾	+ 2¾	9 weeks	+ 1 lb.	23 weeks	+ 5 lbs.
418	F	7	Pul. Tub. I.	Tuberculin	2 years	3st. 1½	—4½	Nil	Nil	16 weeks	+ 4½ lbs.
246	F	7	Pul. Tub. II.	Tuberculin	2 years	2st. 12	—8	1 week	Stationary	16 weeks	+ 3¾ lbs.
192	M	3	Pul. Tub. I.	General	Nil	2st. 6¼	——	14 weeks	—¾ lb.	15 weeks	+ 3 lbs.
19	M	6	Pul. Tub. I.	General	1 year	2st. 9¾	—15¼	20 weeks	+ 1¾ lbs.	6 weeks	+ 3 lbs.
320	M	13	Pul. Tub. I.	Tuberculin	8 years	5st. 10¼	—3¾	Nil	Nil	29 weeks	+ 6¾ lbs.
171	M	8	Pul. Tub. I.	Tuberculin	3 years	3st. 6¼	—11¾	12 weeks	+ 1½ lbs.	20 weeks	+ 3 lbs.
61	M	5	Pul. Tub. I.	Tuberculin	Nil	3st. 1¾	—6¼	20 weeks	—1¼ lbs.	20 weeks	+ 2½ lbs.
302	M	8	Tuberculosis	Tuberculin	3 years	3st. 9	—9	7 weeks	—½ lb.	17 weeks	+ 2 lbs.
377	M	9 8/12	Pul. Tub. II.	Tuberculin	4 years	4st. 10¼	—1¼	Nil	Nil	19 weeks	+ 5¼ lbs.
51	M	7	Pul. Tub. II.	Tuberculin	2 years	3st. 13¾	—1¼	24 weeks	+ ¼ lb.	22 weeks	+ 3¼ lbs.
310	M	13	Pul. Tub. I.	Tuberculin	8 years	4st. 4¼	—23¾	Nil	Nil	8 weeks	+ 2 lbs.
236	M	7	Pul. Tub. I.	Tuberculin	2 years	3st. 3	—12	5 weeks	Stationary	21 weeks	+ 5¼ lbs.
396	M	9 6/12	Pul. Tub. II.	General	4 years	3st. 6½	—2½	Nil	Nil	21 weeks	+ 4½ lbs.
101	M	10	Pul. Tub. I.	Tuberculin	5 years	3st. 6½	—20½	8 weeks	+ 2½ lbs.	9 weeks	+ 1 lb.
133	M	12	Pul. Tub. I.	Tuberculin	7 years	3st. 12	—3	12 weeks	+ 2½ lbs.	9 weeks	+ 1¼ lb.
376	M	13	Pul. Tub.	General	8 years	6st. 5¾	+ 5¾	8 weeks	+ ¼ lb.	8 weeks	+ 6¾ lbs.
TOTAL 35							AVERAGE	9·5	+ 1/10 lb.	16·5	+ 3¾ lbs.

PART V.

A Clinical and Statistical Investigation as to the incidence of Tuberculosis in relation to exposure to infection.

From the Dispensary during the year ending December 31st, 1911, the "contacts" (persons living in the same household) of 204 cases of pulmonary tuberculosis were examined. A total of 723 contacts were examined, of whom 420 were found to be healthy, 290 infected with tuberculosis of the lung and 13 with other forms of the disease. In all 41·9 per cent. of contacts were infected. Of the original patients, some were infectious, having tubercle bacilli in the sputum, while others were non-infectious at the time, since no tubercle bacilli were found. The amount of infection in the contacts showed a marked relationship to exposure to infection. In the families of those in an infectious stage of the disease, the majority (60 per cent.) were infected with tuberculosis. In the families of non-infectious patients, the majority (75·5 per cent.) were healthy. The actual figures are as follows, the original cases being divided into four groups, non-infectious males, non-infectious females, infectious males and infectious females.

TABLE XX.

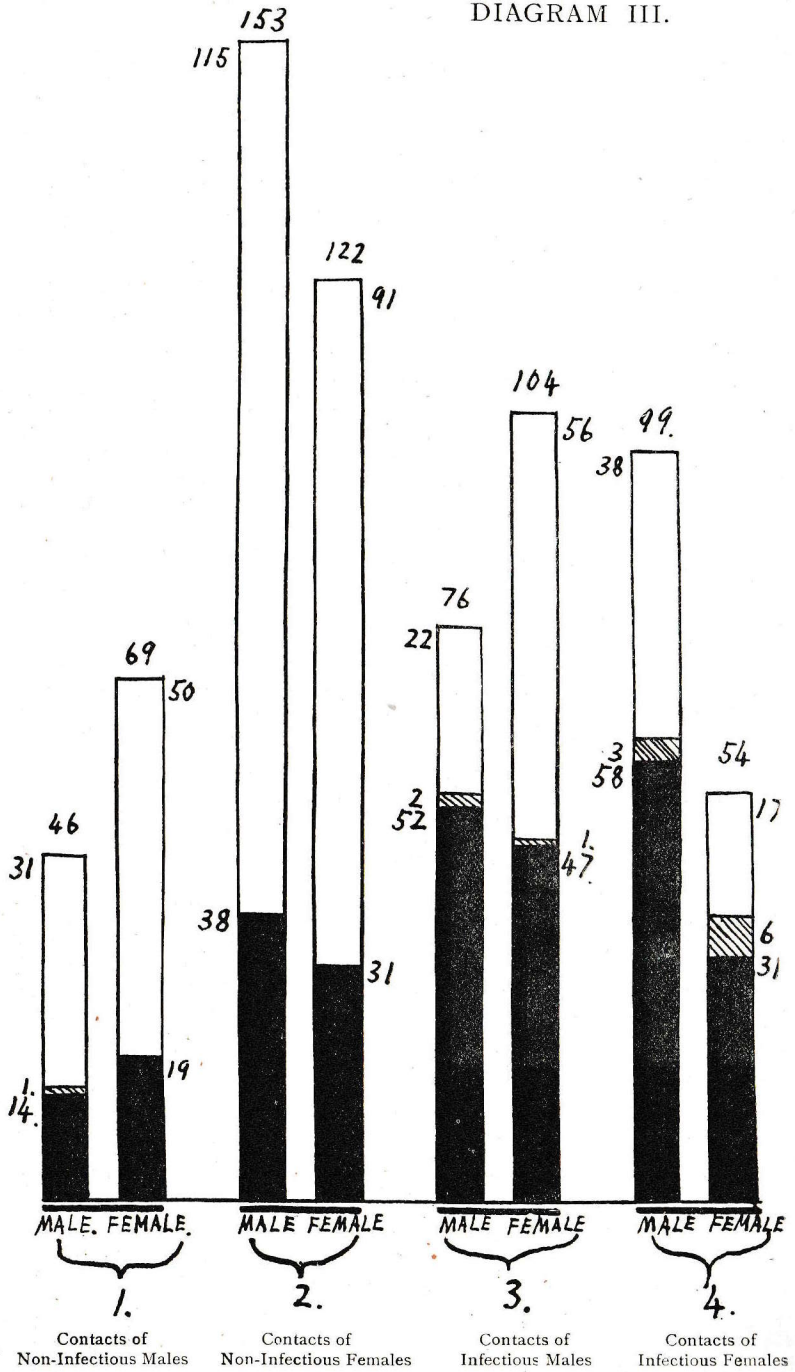
Type of Original Case.	Number of Cases.	Number of Contacts.		Number Healthy.		Number found to have Pulmonary Tuberculosis.		Number found Non-Tuberculosis.	
		Males	Females	Males	Females	Males	Females	Males	Females
Non-Infectious Males (No Tubercle Bacilli found)	32	46	69	31 % *67·4*	50 % *72·4*	14 % *30·4*	19 % *27·5*	1 % *2·1*	...
TOTAL		115		81		33		1	
Non-Infectious Females (No Tubercle Bacilli found)	69	153	122	115 % *75·1*	91 % *74·5*	38 % *24·8*	31 % *25·4*	...	...
TOTAL		275		206		69			

Infectious Males (Tubercle Bacilli found)	55	76	104	22 % *28·9*	56 % *53·8*	52 % *68·4*	47 % *45·2*	2 % *2·6*	1 % *·9*
TOTAL		180		78		99		3	
Infectious Females (Tubercle Bacilli found)	48	99	54	38 % *38·3*	17 % *31·4*	58 % *58·5*	31 % *57·4*	3 % *3·0*	6 % *11·1*
TOTAL		153		55		89		9	
All Types	204	367	256	106 % *28·9*	214 % *83·6*	162 % *44·1*	128 % *50·0*	6 % *1·6*	7 % *2·7*
TOTAL		723		420		290		13	

This method of comparing these groups is legitimate, since all these contacts belonged to the class of patients attending the dispensary, and were all in relation to, the majority being the children of, patients suffering from pulmonary tuberculosis. These factors being constant, in so far as this is possible when dealing with a considerable number of persons, one fact stands out clearly—that the infectious consumptive is the determining factor in causing the onset of the disease in others, rather than any seeds of the disease implanted before birth. The work of the Dispensary is based on this, for by the observance of a few simple precautions the infectious patient can be rendered non-infectious, and it is also known that if infectious persons be placed under conditions of life whereby their resistance will be raised, they are less likely to develope the disease in later years. Therein lies the hope for the future.

HALLIDAY SUTHERLAND,
Medical Officer.

DIAGRAM III.



White portion of columns=actual number found to be healthy.
Shaded portion of columns=actual number found to have tuberculosis.
Black portion of columns=actual number found to have pulmonary tuberculosis.

ST. MARYLEBONE DISPENSARY FOR THE

Income and Expenditure Account for the

Dr.

Income.

	£	s.	d.
To Donations, as per List	808	18	7
,, Annual Subscriptions, as per List	114	12	6
,, Contributions by Patients...	6	2	7
,, Interest on Deposit	3	18	8
	£933	12	4

BALANCE SHEET

	£	s.	d.	£	s.	d.
To Sundry Creditors for Rent, &c.	...	...		35	2	7
,, Income and Expenditure Account—						
Balance brought forward from 1910 ...	550	10	5			
Add excess of Income over Expenditure for the year, as per Account ...	142	10	5			
				693	0	10
				£728	3	5

We have examined the above Accounts with the Books and Vouchers of the Dispensary, and find the same to be correct,
PRICE, WATERHOUSE & Co., 3 FREDERICK'S PLACE, E.C.

PREVENTION OF CONSUMPTION.

Year ending 31st December, 1911.

Cr.

Expenditure.

	£	s.	d.
By Drugs and Chemicals	77	6	0
,, Salaries and Wages	460	7	8
,, Rent (from November, 1910)	84	7	6
,, Rates and Taxes	17	10	2
,, Printing and Stationery	52	6	6
,, Postages...	18	16	4
,, Fuel and Lighting	35	2	11
,, Rent of Telephone	9	5	0
,, Repairs and Renewals	8	17	5
,, Insurance	4	7	9
,, Household Expenses and Petty Payments	16	13	4
,, Travelling	2	10	0
,, Uniform...	3	11	4
	£791	1	11
,, Excess of Income over Expenditure for the year	142	10	5
	£933	12	4

31st DECEMBER, 1911.

	£	s.	d.	£	s.	d.
By Subscriptions and Donations received in 1912 on account of 1911				212	6	0*
,, Cash at Bank and in hand—						
Current Account	311	9	10			
Deposit Account	200	0	0			
Cash in hand	4	7	7			
				515	17	5
				£728	3	5

* Included in Lists of Subscriptions and Donations for the year ending 31st December, 1911.

DONATIONS AND SUBSCRIPTIONS TO THE ST. MARYLEBONE DISPENSARY FOR THE PREVENTION OF CONSUMPTION.

	1910. Donations. £ s. d.	1910. Ann.Subs. £ s. d.	1911. Donations. £ s. d.	1911. Ann.Subs. £ s. d.
Abecassis, Mrs.	...	...	1 0 0	...
Aldenham, The Lord	...	...	5 0 0	...
Ames, Victor, Esq.	...	...	1 1 0	..
Anonymous	100 0 0	...	100 0 0	...
Anonymous	...	...	5 0 0	...
Anonymous	1 1 0	...	...	..
Anonymous	1 1 0	...	...	...
Anonymous	0 10 6	...	...	...
Anonymous	...	...	0 10 0	...
Anonymous	...	...	0 5 0	...
Anonymous	...	...	0 5 0	...
Anonymous	...	...	0 2 6	...
Anonymous	...	...	0 2 6	...
Anonymous	...	...	0 1 0	...
Asquith, C., Esq.	...	1 0 0	...	...
Asquith, Mrs.	...	...	50 0 0	...
Badcock, J. H., Esq.	...	...	1 1 0	...
Bagneley, Mrs.	0 10 6	...	...	...
Bailey, Sir Abe, K.C.M.G.	21 0 0	...	...	...
Balby, Mrs.	...	1 1 0	...	...
Ballard, Mrs.	...	...	2 2 0	...
Barclay, Mrs. H. F.	...	...	0 10 0	...
Barclay, Miss Ford	...	...	0 10 0	...
Barker, Miss	...	...	...	0 2 6
Barlow, Sir Thomas	...	...	..	2 2 0
Barrington, Hon. Sir Eric	...	5 0 0	...	5 0 0
Barrington, Hon. Sir William, K.C.M.G.	...	...	5 0 0	...
Baxter, The Misses K. and E. S.	...	...	...	1 1 0
Beaumont, Rev. J. A.	...	1 1 0	...	...
Beddington, J. H., Esq.	...	...	1 1 0	...
Bentinck, F. Cavendish, Esq.	...	...	...	2 0 0
Beresford, Mrs.	...	...	2 2 0	...
Bey, Edward, Esq.	...	...	...	1 1 0
Blundell, R., Esq.	2 2 0	...	...	...
Blyth, The Lord	...	...	5 5 0	...
Booth, Mrs. George	...	1 1 0	...	1 1 0
Boyton, James, Esq., M.P.	5 5 0	...	1 1 0	...
Bradley, Miss	...	...	...	0 10 0
Bridgman, W., Esq., M.P.	...	...	1 0 0	...
Carried forward	£131 10 0	£9 3 0	£182 19 0	£12 17 6

	1910. Donations. £ s. d.	1910. Ann.Subs. £ s. d.	1911. Donations. £ s. d.	1911. Ann.Subs. £ s. d.
Brought forward	131 10 0	9 3 0	182 19 0	12 17 6
Bridgwater, Miss	...	...	1 1 0	...
Broadbent, The Dowager Lady	...	...	...	2 2 0
Broadbent, Miss M.	...	10 0 0	10 0 0	..
Broome, G. H., Esq.	...	...	0 5 0	...
Bruce, Mitchell, Esq., M.D., F.R.C.S.	2 0 0	...	...	...
Bryce, J. A., Esq., M.P.	...	...	1 1 0	...
Buchanan, Mrs.	...	...	...	2 2 0
Butler, The Lord Arthur	...	...	5 0 0	...
Campbell, The Lord George	...	...	3 3 0	...
Cartwright, R., Esq.	...	...	1 1 0	...
Caulfield, Mrs. R. M.	1 1 0	...	...	...
Cecil, The Lord Robert, K.C., M.P.	3 0 0	...	...	...
Cecil, The Lady Robert	2 0 0	...	...	...
Central Fund for the Promotion of Tuberculosis Dispensaries	100 0 0	...	200 0 0	...
Chaplin, Frank, Esq.	...	...	...	1 1 0
Cholmely, Edward, Esq.	...	1 1 0	...	...
Clarke, F. S., Esq.	...	5 0 0	...	5 0 0
Clarke, A. E., Esq.	...	...	1 1 0	...
Cohen, Miss Lucy	...	...	...	1 1 0
Coode, Mrs.	...	...	...	1 1 0
Cook, F. H., Esq.	...	...	5 0 0	...
Cornfoot, Mrs.	...	1 1 0	..	1 1 0
Cox, Mrs.	...	1 0 0	...	1 0 0
Cozens & Co., Messrs.	...	...	1 1 0	...
Creamer, J., Esq.	...	1 1 0	...	...
Crichton, M., Esq.	...	...	0 5 0	...
Critchett, Sir Anderson, Bart.	...	...	1 1 0	...
Cromer, Rt. Hon. Earl of, G.C.B.	...	...	2 0 0	...
Crowder, A. G., Esq. (2 dons.)	...	...	10 0 0	...
Crum, Mrs.	...	...	1 1 0	...
Cumberledge, Rev. H.	...	...	1 1 0	...
Davidson, A. Dyce, Esq., M.B.	0 10 6	...	...	...
Davis, C., Esq.	...	...	2 2 0	...
Dean, F., Esq.	...	...	...	1 1 0
Debenham, Ernest, Esq.	...	5 5 0	...	...
Debenham & Freebody, Messrs.	...	21 0 0	...	...
Denny, Mrs. Edward	...	...	2 2 0	...
Desart, Dowager Countess of	...	...	5 0 0	...
Dickinson, Miss	...	...	1 1 0	...
Dobell, Mrs.	...	1 1 0	...	1 1 0
Dobell, per Mrs.	3 0 0	...	...	...
Dower, J. W., Esq.	...	...	1 1 0	...
Carried forward	£243 1 6	£55 12 0	£438 6 0	£29 7 6

	1910. Donations. £ s. d.	1910. Ann.Subs. £ s. d.	1911. Donations. £ s. d.	1911. Ann.Subs. £ s. d.
Brought forward ...	243 1 6	55 12 0	438 6 0	29 7 6
Du Maurier, Mrs.	...	... ...	...	1 1 0
Dumergue, Mrs. Herbert ...	...	... ...	...	1 1 0
Durand, Rt. Hon. Sir Mortimer, G.C.M.G.	...	... ...	...	1 0 0
Eaton, Mrs. Lawder	...	... ...	...	1 1 0
Eastman, Mrs. (Mothers' Meetings)	...	... ...	0 10 6	...
Edmunds, Walter, Esq. ...	...	... ...	1 1 0	...
Edwards, Colonel Hope ...	...	... ...	...	5 0 0
Farker, Mrs.	1 0 0	... ...	...	...
Fergusson, Mrs.	...	... ...	0 10 0	...
Freke-Palmer, F., Esq. ...	...	1 1 0 ...	...	1 1 0
Garvagh, The Lady	...	... ...	0 10 0	...
Gibbons, Rev. B.	...	... ...	0 5 0	...
Glenconner, The Lord ...	10 0 0	... ...	5 5 0	...
Godlee, Mrs.	...	... ...	...	1 1 0
Gould, Sir A. Pearce, K.C.V.O.	...	... ...	2 2 0	...
Grenfell, The Lord, G.C.B. ...	...	... ...	1 10 0	..
Gutekunst, O., Esq.	...	... ...	5 5 0	...
Haldon, Constance, Lady ...	...	... ...	1 1 0	...
Harris, F., Esq.	...	... ...	1 1 0	...
Harris, Mrs. Webber	...	... ...	...	2 2 0
Hatch, Sir Ernest, Bart. ...	2 2 0	... ...	...	...
Hawley, Mrs.	...	... ...	5 0 0	...
Hebden, Brian, Esq.	...	... ...	0 10 0	...
Henriques, Mrs. Ralph ...	...	... ...	1 0 0	...
Herringham, W.P., Esq., M.D.	3 0 0	... ...	...	...
Higgins, Miss	...	1 1 0 ...	...	...
Hirst, H. E., Esq.	...	... ...	1 1 0	...
Hogg, Sir Frederick, K.C.I.E.	...	... ...	1 1 0	...
Holman, Lady	...	... ...	...	2 2 0
Hospital Saturday Fund ...	...	... ...	15 0 0	...
Hudson, John, Esq.	...	... ...	1 1 0	...
James, William, Esq.	...	... ...	...	10 0 0
J. A. R.	0 10 0	... ...	...	...
Jebb, Richard, Esq.	1 1 0	... ...	...	...
Keith, Mrs. Herbert	...	... ...	...	0 10 6
Kemp, Miss E.	...	... ...	5 0 0	...
Kerr, Mrs. Charles	...	... ...	1 0 0	...
Labour, East Marylebone Independent Labour Party ...	...	1 1 0 ...	1 1 0	...
Lack, H. Lambert, Esq., M.D.	...	... ...	1 1 0	...
Carried forward ...	£260 14 6	£58 15 0	£490 0 0	£55 7 0

	1910. Donations. £ s. d.	1910. Ann.Subs. £ s. d.	1911. Donations. £ s. d.	1911. Ann.Subs. £ s. d.
Brought forward ...	260 14 6	58 15 0	490 0 0	55 7 0
Ladies' Special Appeal Committee	2 0 0	... ...	...	...
Lane, Gilbert, Esq.	...	... ...	...	0 10 6
Leaf, Mrs. Walter	...	... ...	...	1 1 0
Lee, Police Sergeant	...	... ...	0 10 0	...
Leon, A. L., Esq.	...	... ...	1 0 0	...
Leon, Mrs. Philip	...	... ...	...	1 0 0
Lewis, Dr. Oswald	...	... ...	...	1 1 0
Lister, W. T., Esq.	...	... ...	...	5 0 0
Lord, Miss M.	...	... ...	1 0 0	...
Luard, Mrs. A. J.	...	... ...	...	1 1 0
Luff, Dr.	...	... ...	...	2 2 0
Luff, Dr. (Second Subscription)	...	... ...	...	2 2 0
Mackennal, B., Esq.	...	... ...	2 2 0	...
Malcolm, Ian, Esq., M.P. ...	...	... ...	1 0 0	..
Manners, The Lord	...	... ...	10 0 0	...
Mason, J., Esq.	...	... ...	1 1 0	...
Maxwell-Lyte, Miss E. ...	...	... ...	...	1 1 0
McInnes, Mrs. Whitton ...	...	... ...	1 1 0	...
Melhuish, Mr. Councillor ...	0 10 6	... ...	...	...
Mellersh, F., Esq.	...	1 1 0 ...	...	...
Mellyard, Mrs....	...	... ...	...	1 0 0
Mendl, Mrs. (Thankoffering)...	...	... ...	1 1 0	...
Meyer, Rev. F.B. (2 Donations)	...	... ...	1 1 0	...
Meyerstein, Mrs.	...	1 1 0 ...	...	1 1 0
Miller, T. H., Esq.	...	... ...	...	1 1 0
Minet, Miss	...	... ...	5 0 0	...
Mirrilees, Archibald M., Esq.	1 0 0	... ...	...	...
Mirriless, Mrs.	...	... ...	1 0 0	...
Mocatta, B., Esq.	...	... ...	...	1 1 0
Mond, Robert, Esq.	...	1 1 0 ...	...	1 1 0
Moon, R. O., Esq.	...	1 1 0 ...	1 1 0	...
Montefiore, Claude, Esq. ...	...	... ...	20 0 0	...
Montefiore, Sir Francis, Bart.	5 0 0	... ...	...	2 2 0
Mothers' Meeting, Hinde Street	0 8 0	... ...	...	...
Mothers' Meeting, Bell Street	0 2 0	... ...	...	...
Nachman, L., Esq.	...	... ...	5 0 0	...
(2nd Donation)	...	... ...	2 0 0	...
Newman, H. T., Esq.... ...	...	... ...	2 2 0	...
Newton, Walter, Esq.... ...	0 10 0	... ...	...	...
Nicholls, J. Bowyer, Esq. ...	...	... ...	1 1 0	...
Norton, Miss M.	...	... ...	1 1 0	...
Norton, Miss F.	...	... ...	...	0 10 6
Olding, Miss	...	... ...	2 0 0	...
Oppenheim, Mrs.	...	... ...	2 2 0	...
Carried forward ...	£270 5 0	£62 19 0	£552 3 0	£79 3 0

	1910. Donations. £ s. d.	1910. Ann.Subs. £ s. d.	1911. Donations. £ s. d.	1911. Ann.Subs. £ s. d.
Brought forward ...	270 5 0	62 19 0	552 3 0	79 3 0
Parker, C. A., Esq.	...	1 1 0	...	1 1 0
Pauncefote, Hon. Maud ...	...	...	1 0 0	...
Peterson, A. C., Esq., K.C. ...	...	...	1 0 0	...
Pettigrew, Mrs....	...	...	0 10 6	...
(2nd Donation)	...	...	0 5 0	...
Perrott, Mrs.	...	...	...	1 1 0
Plimmer, Mrs.	...	...	0 10 0	...
Portman, Rt. Hon. Viscount...	100 0 0	...	...	...
Powell, Miss	2 2 0	...	...	...
Praed, A. M., Esq.	...	...	...	1 1 0
Prinsep, Lieut.-General A. ...	...	...	5 0 0	...
Ramsey, Lady	...	...	0 10 0	...
Renshaw, A., Esq.	1 0 0	...	...	...
Rhodes, E. H., Esq.	...	...	...	1 0 0
Rimell, Miss	1 1 0	...	...	...
Roberts, David, Esq., M.D. ...	...	...	...	1 1 0
Robertson, Miss F.	...	...	0 5 0	...
Rope, Miss E.	...	...	0 2 6	...
Ross, Miss	...	...	1 0 0	..
Rossetti, W. M., Esq.... ...	...	...	0 5 0	...
Rudd, C. E., Esq.	5 0 0	...	...	...
Sabel, Mrs.	...	...	1 1 0	...
St. Helier, Lady	1 0 0	...	...	1 1 0
St. Marylebone Municipal Employees	...	...	1 0 7	...
Sanderson, The Lord, G.C.B.	...	...	3 3 0	...
Sandwith, Fleming, Esq., M.D.	...	...	0 5 0	...
Savage, Dr. G.	...	...	1 1 0	...
Scorer, Mrs.	...	...	...	1 1 0
Scott, Sir Samuel, Bart., M.P.	10 0 0	...	...	1 1 0
Selfridge & Co., Ltd., Messrs.	...	3 3 0	3 3 0	..
Seligman, Mrs....	...	...	5 5 0	...
Serena, Arthur, Esq., J.P. ...	...	...	1 1 0	...
Shepherd, Sir Horatio ...	...	...	...	1 1 0
Skilbeck, Clement, Esq. ...	...	...	1 1 0	...
Slater, J., Esq.	...	...	...	1 1 0
Smith, Hon. W. F. D. ...	...	10 0 0	10 0 0	..
Smith, J. Lea, Esq.	0 10 6	1 1 0	2 2 0	...
Smith, Mrs. E. L. Gabell ...	...	...	1 1 0	...
Smith, Mrs. Roger	2 10 0	...	...	0 10 0
Snook, Mrs.	...	...	...	5 0 0
Sparkes, Hall & Co., Messrs.	...	...	0 10 0	...
Speyer, Rt. Hon. Sir Edgar, Bart., P.C....	20 0 0	...	...	...
Carried forward ...	£413 8 6	£78 4 0	£593 4 7	£94 12 0

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Brought forward ...	413 8 6	78 4 0	593 4 7	94 12 0
Spring-Rice, Miss A. & Miss G.	...	...	2 0 0	...
Spring-Rice (Collected by the Misses)	...	...	1 0 0	...
Squire, J. Edward, Esq., C.B.	5 5 0	...	...	...
Stockley, Colonel Vesey ...	...	...	1 0 0	...
Stopford, Gen. Hon. Sir F., K.C.M.G.	...	...	...	2 0 0
Sturgis, Mrs. D.	...	...	...	1 1 0
Sweeting, Miss	...	1 1 0	...	1 1 0
Tailors' & Outfitters' Assistants' Mutual Association ...	...	...	2 2 0	...
Talbot, Maj.-Gen. Hon. Sir R., K.C.B.	...	...	...	2 2 0
Talbot, Miss	5 0 0	...	...	...
Tannenbaum, Mrs. Adolph ...	...	...	1 1 0	...
Tennant, F. J., Esq.	60 0 0	...	200 0 0	...
Tennant, H. J., Esq., M.P. ...	5 0 0	...	...	...
Tennant, H. S., Esq.	10 0 0	...	...	...
Thomber, Mrs....	...	...	1 1 0	...
Thompson, Rev. R.	...	...	...	1 1 0
Thynne, The Lord Alexander, M.P.	...	...	1 1 0	...
Todd, d'Arcy, Esq.	...	...	1 1 0	...
Tredegar, Rt. Hon. Viscount	2 0 0	...	...	5 0 0
Trower, J. Seymour, Esq. ...	1 1 0	...	...	...
Tuck, Sir Adolph, Bart. ...	...	...	...	1 1 0
Verney, Mrs. Lloyd	...	...	0 10 0	...
Vesey, Miss Margaret... ...	...	...	...	1 0 0
Volklein, F., Esq.	...	...	...	1 1 0
Walden, The Lord Howard de	...	105 0 0	...	...
Webb, Miss G. E.	...	...	...	0 10 6
Welby, Miss F. A.	...	1 1 0	...	1 1 0
Westray, C., Esq.	...	...	...	1 1 0
Whitelaw, Miss	...	1 1 0	...	1 1 0
Whitfield, A., Esq.	...	...	...	1 0 0
Wickham, Miss F.	...	...	1 1 0	...
Wilson, T., Esq.	...	...	2 2 0	...
Wolfe, A., Esq....	...	...	1 0 0	...
Woolmer, Mrs....	...	...	0 10 0	...
Young, J., Esq.	2 0 0	...	...	...
Young, Mrs. J. A.	...	2 2 0	...	...
Younghusband, Miss	...	...	0 5 0	...
TOTAL ...	£503 14 6	£188 9 0	£808 18 7	£114 12 6

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I give and bequeath to the St. Marylebone Dispensary for the Prevention of Consumption, London, payable to the Hon. Treasurer of the Institution for the time being the sum of .....

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Over 50,000 die of Consumption every year.

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