SCHEDULE II.—(continued).

(6) Other Sanatoria, Hospitals, etc., in which Tuberculous Patients are Charged for on a Contributory Basis.

<table>
<thead>
<tr>
<th>Rate of change per week</th>
<th>A Estimated Expenditure</th>
<th>B Realised Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ s. d.</td>
<td>£ s. d.</td>
<td></td>
</tr>
<tr>
<td>1. 1.3.</td>
<td>598. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.3.</td>
<td>598. o.</td>
<td></td>
</tr>
<tr>
<td>2. 2. o.</td>
<td>549. o.</td>
<td></td>
</tr>
<tr>
<td>2. 2. o.</td>
<td>549. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
<tr>
<td>1. 1.0.</td>
<td>241. o.</td>
<td></td>
</tr>
</tbody>
</table>

Total £ 2372.11.0

*Figures should be supplied in respect of each Institution.

Average weekly cost per patient in each County Institution included above in respect of last financial year (specify): £ s. d.

(i) ......................................................

(ii) ......................................................

(iii) ......................................................

SCHEDULE III.—TREATMENT OTHERWISE THAN IN DISPENSARIES, SANATORIA, HOSPITALS, AND OTHER INSTITUTIONS.

<table>
<thead>
<tr>
<th>A Estimated Expenditure</th>
<th>B Realised Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ s. d.</td>
<td>£ s. d.</td>
</tr>
<tr>
<td>1. Remuneration of Medical Practitioners (if any) employed on Domiciliary Treatment</td>
<td></td>
</tr>
<tr>
<td>1. Remuneration of Medical Practitioners (if any) employed on Domiciliary Treatment</td>
<td></td>
</tr>
<tr>
<td>2. Other Staff (e.g., Nurses, etc.)—(specify and give number)</td>
<td></td>
</tr>
<tr>
<td>2. Other Staff (e.g., Nurses, etc.)—(specify and give number)</td>
<td></td>
</tr>
<tr>
<td>3. Medicines and Medical Appliances</td>
<td></td>
</tr>
<tr>
<td>3. Medicines and Medical Appliances</td>
<td></td>
</tr>
<tr>
<td>4. Other items (to be specified):</td>
<td></td>
</tr>
<tr>
<td>4. Other items (to be specified):</td>
<td></td>
</tr>
</tbody>
</table>

Total £ 52.10.0

See footnote on Page 2 as to District Nursing Associations.

FORM T.B. 2 (To be furnished in duplicate).

TIONNSCNAIMH I EóIR LEIGHEAS NA HÉITINNE
(SCHÉMÍ FOR THE TREATMENT OF TUBERCULOSIS)

Financial Year 1942 — 1943

RETURN OF

Column A.—Estimated Expenditure in half-year ending 30th June, 1943.

Column B.—Realised Expenditure in half-year ended 30th June, 1943.

SUMMARY.

Total Expenditure.

Schedule I: Dispensaries .......................................................... £ s. d.

Schedule II: Institutions (pages 8 and 4) .................................. £ s. d.

Schedule III: Other Treatments .................................................. £ s. d.

Total £ 2372.11.0

Total Receipts.

From:—

(a) Contributions for treated of Ex-Servicemen under special arrangements (Memo. T.B. 20) £ 50. o. 0. £ 7. 2. 10.

(b) Paying Patients .......................................................... £ 50. o. 0. £ 7. 2. 10.

(c) Tuberculosis Block Grant ................................................ £ 250. o. 0. £ 250. 0. 0.

(d) Other sources, viz: ....................................................... £ 50. o. 0. £ 50. 0. 0.

Deduct Total £ 368. o. 0. £ 527. 16. 10.

Balance—Being net expenditure ................................................ £ 474. 16. 7.

Signed: ........................................ Name of Treasurer: Mr. A. Blackwell.

Address: .......................... ...........................................

Date: 1st May, 1943.

FOR OFFICE USE

<table>
<thead>
<tr>
<th>A Estimated Expenditure</th>
<th>B Realised Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ s. d.</td>
<td>£ s. d.</td>
</tr>
<tr>
<td>Disallowed on examination</td>
<td></td>
</tr>
<tr>
<td>Admitted to recoupment</td>
<td></td>
</tr>
<tr>
<td>Recoupment involved %</td>
<td>50%</td>
</tr>
<tr>
<td>Already recouped</td>
<td></td>
</tr>
</tbody>
</table>

ASSIGNMENT

Deduct Over recoupment

Add Under recoupment

Instalment due, £ .......................... £ s. d.

Examined and Certified for Payment.

Date: ........................................ Higher Executive Officer.

NOTE.—Receipts or Expenditure from the Hospitals Trust Fund should not be included in this Form, but should be shown in a separate Schedule.
SCHEDULE I.—DISPENSARIES.

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Expenditure</th>
<th>Realised Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1. Remuneration of each Member of Medical Staff, namely:</td>
<td>£</td>
<td>£ s. d.</td>
</tr>
<tr>
<td>By Dr. A. H. Magee</td>
<td>150. 6. 0</td>
<td>150. 6. 0</td>
</tr>
<tr>
<td>Dr. W. O. Bow</td>
<td>12. 2. 0</td>
<td>12. 2. 0</td>
</tr>
<tr>
<td>Clerk</td>
<td>10. 4. 0</td>
<td>10. 4. 0</td>
</tr>
<tr>
<td>Carpenters (No)</td>
<td>1. 12. 0</td>
<td>1. 12. 0</td>
</tr>
<tr>
<td>Others (specify)</td>
<td>1. 12. 0</td>
<td>1. 12. 0</td>
</tr>
<tr>
<td>2. Other Staff, e.g.:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Nurses (Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Tuberculosis Officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Travelling Expenses of Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Tuberculosis Nurses)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Heating and Lighting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Renewals, Repairs, Painting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Medicines and Medical Appliances</td>
<td>50. 0. 0</td>
<td>50. 0. 0</td>
</tr>
<tr>
<td>9. Slickers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other items (to be described):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Rates (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Sputum examinations</td>
<td>£ 20. 0. 0</td>
<td>£ 20. 0. 0</td>
</tr>
<tr>
<td>(c) X-ray examinations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Where are they made?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. No. of films taken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Charge per film</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. No. of screen examinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Charge per screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Note:</em> (The cost of any radiological procedure which is included under (b) above in charges made in respect of artificial pneumothorax should not be included in (c) above.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d) Artificial pneumothorax:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. No. of inductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Where are they carried out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. No. of refills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Where are they carried out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Half-year as in Column B above.</td>
<td>£ 321. 0. 2</td>
<td>£ 321. 0. 2</td>
</tr>
<tr>
<td>Number of Patients</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SCHEDULE II.—SANATORIA, HOSPITALS, AND OTHER INSTITUTIONS.

(o) SANATORIA, ETC., PROVIDED AND USED SOLELY FOR THE PURPOSES OF THE TUBERCULOSIS SCHEME.

<table>
<thead>
<tr>
<th>Item</th>
<th>Estimated Expenditure (Gross)</th>
<th>Realised Expenditure (Gross)</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Year ended 31st March, 1944</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Remuneration of each member of the Medical Staff, namely:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Other Staff (e.g., Matrons, Nurses and other Officers and Servants, namely):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matron (Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses (Names)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Staff (No. of)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Officers and Servants (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Loan Charges</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Heating and Lighting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Renewals, Repairs, Painting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Medicines and Medical Appliances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Clothing and Bedding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Furniture, Hardware, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other items (to be described):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Rates (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Expenditure on Farm and Garden</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>£</td>
<td>£ s. d.</td>
<td>£ s. d.</td>
<td>£ s. d.</td>
</tr>
</tbody>
</table>

*Net Total*:

Deduct all subsequential receipts (e.g., sales of farm and garden produce etc.). Note: Income from paying patients, State grants or from local authorities shall not be deducted.

Half-year ended: | **Year Ended** |
---|---|
Number of in-patient days | Number of beds provided |
(The day of admission and the day of discharge should be counted together as one day) | Men | Women | Children | Total
Number of beds provided: | | | | |
**To be filled in only when forwarding return of Realised Expenditure for half-year to 31st March.**

*Where the Tuberculosis Officer acts also as Medical Officer of the Tuberculosis Institution his remuneration under the Tuberculosis Scheme should be apportioned in equal parts as between Schedules I and II of this form.
A Dhuine Uasmhail.

I am sending you Scheme, marked "A" for treatment of Tuberculosis in Limerick County Borough, submitted by the Medical Superintendent Officer of Health. I also submit an amended Scheme, marked "B" which, with the approval of the Minister for Local Government and Public Health, I propose to adopt.

As we have in Limerick City a whole-time Tuberculosis and School Medical Officer, I have amended the Scheme by substituting the name of the Tuberculosis Officer and the City Manager in several places, as, in my opinion, this would lead to the better and easier functioning of the Scheme.

The Scheme "A" lays extreme stress on the matter of strict medical confidence. This, to my view, has been overdone; there will be a certain percentage who will require care and tact in handling but in some cases no amount of inducement by way of secrecy would be successful. To make the Scheme so cumbersome to pander to this small percentage would restrict and hinder the Scheme in its aim and duty to help as expeditiously as possible the large percentage who do not require such extreme measures. Of course, it is to be understood that the confidential official designated in Scheme "B" will be of such a type that his "confidence and discretion" will be absolutely reliable.

In the Section of the Scheme "B" referring to treatment, I have had specialist advice. I am advised that the real root of prevention lies in the routine examination by X-ray of all school children in their final year before leaving school and again two years afterwards. It would be useful also if the National Health Insurance Society instituted X-ray examination of all young people when they first come under the provisions of their Scheme. This would disclose early cases at the age period of its greatest incidence. It would also disclose quiescent foci which could be prevented from ever becoming active by competent medical advice as to mode of life and type of employment. The provision of a mobile unit for mass radiography for a suitable specified area would much facilitate the success of this portion of the Scheme.

P.T.O.
The next step in the prevention and cure is to provide additional nourishment for infected cases. In addition to including in Scheme "B" the assistance laid down in Circular P.H. 53/43, I have also included a Scheme of family allowance where the breadwinner is a victim of the disease.

I have done so for the following reasons:

1. The removal of patient's mental anxiety for dependents will conducive to a more rapid cure.

2. Will influence him to seek diagnosis at an earlier date.

3. Will help the remaining members of the family to resist infection by enabling them to provide more nourishment.

The next step is the segregation of the infected patients and I have recommended that as far as possible tuberculous patients will receive preference in the allotment of Corporation houses, provided the infected person is given a separate room to live in.

I have recommended an X-ray and screening apparatus for the Tuberculosis Dispensary and I am convinced that the Tuberculosis Medical Officer should be capable of performing artificial Pneumo-Thorax, giving radium, screening and interpreting films, and he should be in charge of the Tuberculosis Hospital attached to the City.

I have gone into this matter in detail as I believe no appreciable alteration will take place in the incidence of the disease unless it is combated on the lines laid down in the amended Scheme.

Mise, le mes,

City Manager.

The Secretary,
Department of Local Government and Public Health,
Custom House,
DUBLIN.
LIMERICK COUNTY BOROUGH TUBERCULOSIS SCHEME

SECTION I - ADMINISTRATION.

1. The Scheme shall be known as the Limerick County Borough Tuberculosis Scheme.

2. It shall be controlled and administered by the City Manager and shall be supervised by the Medical Superintendent Officer of Health.

3. It shall be administered and supervised in such a manner that the patients shall be afforded treatment in a strictly medical confidential manner.

4(a). A confidential register shall be kept under the control of the T.M.O., in which the names of the patients shall be given an identifying letter and number by the T.M.O. This identification mark shall be used in all correspondence except correspondence between the medical and nursing officers of the Scheme and officers of institutions concerned with the treatment of the patients.

4(b). Investigation as to means etc. shall be carried out by the medical and nursing officers of the Scheme or by a confidential officer under the control of the City Manager.

(c). Assistance to necessitous patients shall be given in a manner to be advised by the T.M.O.

(d). Financial accounts relating to institutions shall be dealt with by a specially designated confidential officer of the City Manager.

5. The Officers for the carrying out of the Scheme shall be

(a) Medical Superintendent Officer of Health
(b) Tuberculosis Medical Officer.
(c) Three nurses, one attached to each Dispensary District or such additional nurses as may be appointed by the City Manager with the approval of the Minister for Local Government and Public Health.
(d) Administrative Officer who shall be the confidential representative of the City Manager.

P.T.O.
## SECTION 11 - TREATMENT

The treatment of patients shall be arranged for the following classes:

### TUBERCULOSIS

<table>
<thead>
<tr>
<th>ACUTE T.B.</th>
<th>CHRONIC T.B.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Curable</td>
<td>Chronic Infective incurable</td>
</tr>
<tr>
<td>Acute Miliary (incurable)</td>
<td>&quot;Chronic arrestable&quot;</td>
</tr>
</tbody>
</table>

Immediate Hospitalization at City Home T.B. Hospital till quiescent.

Consolidation at Heatherside.

Return home; separate room or shelter; extra nourishment; weekly visit to Dispensary for observation; weight, screening, instruction in hygiene, etc.

Work; occasional visit to Dispensary for check up.

City Home.

City Home. till quiescent.

Strained off to T.B. Colony such as at Papworth.

Heatherside.

Home; separate room or shelter. Extra nourishment; instruction in use of aputus flask etc. Weekly examination, weight screening, sputum etc.

Work; occasional visits for observation at Dispensary.

Annual return to Heatherside.

### MASS INSPECTION OF ALL ADOLESCENTS APPROACHING THE AGE OF 14 years and again at 16 years.

Children to be sent to Peamount.

This would disclose the absence or presence of pulmonary T.B. as follows:

**ACUTE FOCUS**

Procedure as for adults, except consolidation at Peamount Sanatorium or similar approved institution instead of Heatherside.

**QUIESCENT FOCUS**

Medical advice as to food, rest, fresh air, type of employment; not undertaking too great economic burdens until after 30 years.

**HEALED FOCUS**

If same as for quiescent focus.
MASS INSPECTION OF SCHOOL CHILDREN CONTD.

Periodic medical examination and supervision, weight, screening, sputum, X-ray.

Annual visit to preventorium.

SURGICAL TUBERCULOSIS

All cases of surgical tuberculosis should be sent to approved institutions specialising in the treatment of Surgical T.B.

The Clinic work of the Scheme shall be carried out as:

(a) At Tuberculosis Dispensary thrice weekly on Mondays, Wednesdays and Fridays at 3 p.m. by the Tuberculosis Medical Officer.

(b) Visiting of patients at places of residence by Tuberculosis Medical Officer and Nurses.

(c) Advice of Tuberculosis Medical Officer on suitability for treatment in the following institutions:

- Limerick City Hospital
- Limerick Tuberculosis Hospital
- Heatherside Sanatorium
- Cappagh Hospital
- Coole Hospital
- Pennant Sanatorium (cases of Pulmonary T.B. in children under 14 years)
- any other institution that may be approved for an individual case by the Minister for Local Government and Public Health.

Radiological work.

This shall be carried out at St. John's Hospital or Barrington's Hospital by such doctor as may be appointed by the City Manager. For the purpose of communication of names and clinical information the doctor appointed shall be included as a "Medical Officer" of the scheme.

Laboratory work.

University College Galway bacteriological laboratory or such other laboratory as the City Manager may direct shall be employed to carry out all the above work in connection with the Scheme.

Artificial Pneumothorax.

This work shall be done by doctor appointed, and for the purpose of communication of names and clinical information he shall be included as a "Medical Officer of the Scheme".

P.T.O.
X-ray Inspection of Children

This work shall be carried out as part of the medical inspection of school children under the School Medical Service Scheme.

(2) The nursing activities of the scheme shall be carried out by the Public Health Nurses allotted to this work. Their duties shall consist of attending clinics, visiting patients at their place of residence and accompany patients to and from institutions when directed to do so by the T.M.O. and keeping records.

(3) Records to be kept shall be as follows:

(a) To be kept by T.M.O.: The Tuberculosis Register, showing all particulars required by the Department of Local Government and Public Health and showing the disposal of the patient and his identification number and letter.

Clinical Record: showing dates of consultation at Clinic or other places and clinical details of diagnosis, treatment, progress, etc.

Contacts Record: showing number of contacts examined, diagnosis, treatment, etc.

(b) To be kept by Nurses: The Nurses shall keep a record of visits made to patients and shall submit to the T.M.O. a monthly report showing:

- Number of new patients visited,
- Number of new contacts visited,
- Total number of patients visited,
- Total number of contacts visited,
- Total number of visits made.

(4) Reports — Monthly:

T.M.O. shall submit a report showing details of work carried out during the preceding month to the M.S.O.H., who shall transmit same to the City Manager along with any special comment on matters that may require attention. The report should be submitted so that it may be in the hands of the City Manager before the tenth of the succeeding month. Form of report ("A") attached.

Annual Report: T.M.O. shall submit an annual report to the M.S.O.H. before the 31st March each year showing work done during the previous year and giving a general review of the scheme during the year under review.
SECTION III - GENERAL PROVISIONS

(1) Assistance shall be given to necessitous cases by the City Manager acting on the advice of the T.M.O. in accordance with the directions laid down in Circular P.H. 53/43 dated 31st March of the Minister for Local Government and Public Health.

(2) Patients possessed of sufficient means shall contribute to the cost of treatment according to their capacity to pay such charges. These charges shall be fixed by the City Manager on advice of T.M.O.

In cases where breadwinners are hospitalized or transferred to a Sanatorium there shall be a family allowance which will ensure that the total income is not less than

1. Where a number of dependents are more than 5 - £2 per week.
2. Where there are less than five but more than 2 - £1. 10s 0d per week.
3. Other cases - £1 per week.

These allowances will not be in addition to National Health Insurance, Public Assistance or other income reaching the family.

To help the segregation of infective tuberculous patients as far as possible preference in the allotment of Corporation houses will be given to the families of such patients on condition that tuberculous patients have a separate room to live in and where segregation cannot be otherwise provided an annexe will be provided for patients.

Arrangement will be made for weekly lectures to school children on hygiene and health matters.

There shall be established at Limerick Dispensary an X-ray and screening apparatus.

The co-operation and help of the Dispensary doctors shall be enlisted for the purpose of having suspects sent for early diagnosis.

SIGNED CITY MANAGER & TOWN CLERK.

DATED THIS ___________ DAY OF ___________ 1943.
### Patients in Sanatorium
- (a) Heatherside
- (b) Paamount
- (c) Newcastle
- (d) Other Sanatoria (Give names of Sanatoria)

### Patients in Local Authority Institutions
- (a) Acute Hospital (City Home & Hospital)
- (b) T.B. Hospital.
- (c) Other Hospitals (Give name of Hospital)

### Patients in other Hospitals
- (a) Cappagh
- (b) Coole
- (c) Other Hospitals (Give name of Hospitals)

### Domiciliary cases
- (a) T.Med. Officer cases attended by
- (b) Other Doctors.

### Patients discharged treatment
- (a) Discharged treatment
- (b) Ceased Treatment.
- (c) Died.

### Number of:
- (a) Contacts examined.
- (b) Reports on Home Conditions of Patients.
- (c) Insanitary conditions notified to Medical Officer of Health.
- (d) Notifications of Premises for Disinfection.
- (e) Sputum or other specimens examined.
- (f) Vaccines made or Tuberculin diluted.
- (g) No. of Radiological exams. (a) Films.
- (b) Screening.
- (h) No. of Refills of A.P.T.

**SIGNED**

MEDICAL OFFICER.

LIMERICK COUNTY BOROUGH TUBERCULOSIS SCHEME.

Summary Card - T.B.
Sir,

Attached herewith please find my reply to Irish Red Cross Enquiry concerning Tuberculosis.

Yours faithfully,

To:

City Manager,
Limerick Corporation.
Dear Sir,

In reply to yours of 22/4/43 I beg to enclose the following:-

(1) Questionnaire - completed.
(2) Memo. marked A. "Treatment of T.B. and Propaganda."
(3) Letter and suggested T.B. Scheme (marked B) - this answers Question (10).

Memo. marked (A) gives a short outline of part of my views on the whole question. I have already sent in reply concerning the Limerick County Area (the present reply relates to Limerick City Area). I dealt with many of the questions at greater length in the reply concerning the County Area, and I don't think you would wish me to repeat the work.

If you wish to have any further inquiries dealt with I will be glad to help.

Yours faithfully,

McPolin

To:

Mr./Miss R. F. Chambers,
Sec. Anti-Tuberculosis Committee,
Irish Red Cross Society,
21, St. Stephen's Green,
Dublin.
T.F.J.S.

IRELAND AND IRELAND

APPROXIMATELY DETECTED

QUESTIONNAIRE

CARTER: 

1. A. Do you experience difficulty in obtaining bed accommodation for your adult cases? (a) Pulmonary no
   (b) Non-pulmonary, i. Bone and Joint no
      ii. Other lesions no

B. State if possible average number of patients on your waiting list in each category.

C. How many subjuc cases in the year 1943 refused to accept institutional accommodation?

2. A. Is the local sanatorium or institution to which your patients go equipped with:
   i. X-ray
   ii. Surgical theatre
   iii. Laboratory

3. Are there any amenities such as:
   i. Wireless
   ii. Library
   iii. Recreation halls

4. A. Do you approve of separate institutions for advanced and early pulmonary cases? no

B. On what basis do you differentiate between them?

C. It has been suggested that the admission of advanced cases into separate institutions increases the reluctance of patients to go to these institutions. Is this your experience? yes

5. Do you find that pneumotherapy is a suitable collapse method for your local conditions? In answering this question, please consider such points as the availability of refill stations, the willingness of patients to present themselves for refills, the occurrence of complications, etc.

6. A. What medical staff is available in the local sanatorium or institution? Hospital staff I need General practitioners, Medical Officers

B. How many nurses are available for 100 patients?

7. What accommodation have you for treating children who are suffering from:
   i. Primary tuberculosis of the lungs
   ii. Pulmonary disease and tuberculosis
   iii. Surgical tuberculosis
      (a) Bone and Joint
      (b) Other lesions

[Handwritten notes and signatures]
Dispensary:

8. Is your dispensary fitted with:
   (a) X-RAY
      i. screening apparatus
      ii. film taking apparatus.
   (b) LABORATORY.

9. Have you a radiographer, laboratory technician, record-keeper, typist? no

10. Do you feel that your work would be improved by the addition of any equipment or technical assistance which you now lack?

11. Have any tuberculin surveys been done in your district? If so, we would be glad to have figures of series, however small, of tuberculosis reactors in the age periods:
   (a) under 14 years: i. amongst the healthy population etc.
      ii. amongst contacts.
   (b) over 14 years: i. amongst the healthy population etc.
      ii. amongst contacts.

12. If you have had any of the above mentioned surveys been able to investigate further the positive reactors radiologically, we would be glad to know the number of cases which showed active disease, viz: (a) primary tuberculosis of the lungs (including pleurisy)
(b) miliary disease and miliary
(c) non-pulmonary or surgical tuberculosis.

13. How many patients are on your Register? 458


15. How many new cases have been diagnosed in 1942? 10

16. A. How many pneumothorax refills have been performed in 1942? 13
   B. How many patients are now receiving refills? 13
   C. Where are primary inoculations of your cases carried out? (see report from Limerick Tubercular Hospital)

17. In your opinion what measures should be instituted which would lead to:
   (a) the prevention of; (b) early diagnosis; (c) adequate treatment;
   (d) suitable after-treatment; (e) better rehabilitation?

18. What is your view on the question of special relief for the families of tuberculosis patients? in favour

19. Do you think compulsory notification of all cases of tuberculosis:
   (a) possible no (b) desirable no

20. Will you state the latest scheme which you have formulated for combating Tuberculosis in your area? (Copy attached)
LIMERICK COUNTY BOROUGH TUBERCULOSIS SCHEME.

1. The Scheme shall be known as The Limerick County Borough Tuberculosis Scheme.

2. It shall be administered by City Manager.

3. It shall be supervised and directed by the Medical Superintendent Officer of Health who shall have the duty of advising the City Manager on all matters relating to the Scheme.

4. It shall be administered, supervised and directed in such a manner that the patients shall be afforded treatment in a strictly medical confidential manner, and precautions shall be taken to prevent the identity of a patient being disclosed. To ensure these conditions the following procedure shall be adopted:

   (a) A confidential register shall be kept under the control of the M.S.O.H. in which the names of the patients shall be given an identification number and letters by the M.S.O.H. and this identification mark shall be used in all correspondence except in correspondence between medical and nursing officers of the Scheme and officers of institutions concerned with treatment, where such officers are medical officers or confidential agents of such officers. In these latter cases names of patients may be used.

   (b) Investigations as to means, etc., shall be carried out by medical and nursing officers of the Scheme or by confidential officers under the control and direction of the M.S.O.H.

   (c) Assistance to necessitous patients shall be given in a manner to be advised by the M.S.O.H. in such a manner that the giving of this assistance will not be used to identify the patient.

   (d) Financial accounts relating to institutions shall be dealt with in such a manner that the patients' names shall only be given to an officer specially designated by the City Manager, and who shall deal personally with such accounts and shall observe strict confidence concerning such names.

   (e) Names of patients shall not be divulged by any officer of the Scheme except through the M.S.O.H., and this latter shall only give names for very special and urgent reasons.

5. All medical officers and nurses and clinical staff who are working inside the Scheme shall, unless otherwise expressly authorized in this Scheme, act under the direction and supervision of the Medical Superintendent Officer of Health, carry out all reasonable directions given by the Medical Superintendent Officer of Health.

6. The clinical work of the Scheme shall be carried out as follows:

   (a) at clinics as set out in Appendix L.

   (b) visiting patients at their places of residence.

   The work under (a) and (b) shall be carried out by the T.M.O.

   (c) advising the M.S.O.H. on suitability of the patient for treatment in these institutions set out in Appendix L to this Scheme, and such other institutions as may be approved by the Minister of Local Government and Public Health.

7. The nursing activity of the Scheme shall be carried out by the Public...
Health nurses allotted to this work. Their work shall consist of attending clinics, visiting patients at their place of residence, and accompanying patients to and from institutions when directed to do so by the M.S.O.H.

8. The T.M.O. and the nursing staff shall keep the records set out in the appendix II. to this Scheme and such other records as may be approved by the Local Authority and the Minister of Local Government and Public Health.

9. The T.M.O. and nursing staff shall submit such special reports on means and home conditions as may be required by the M.S.O.H. They shall also submit monthly and annual reports as set out in Appendix IV. to this Scheme.

10. Administrative orders issued by the City Manager shall be directed to the M.S.O.H. who shall have the duty of securing that these orders shall be put in operation.


   This shall be carried out at St. John's Hospital by Dr. Roche-Kelly. For the purpose of communication of names and clinical information Dr. Roche-Kelly shall be included as a "Medical Officer" of the Scheme.

12. Laboratory Work.

   University College Galway bacteriological laboratory shall be employed to carry out all the above work in connection with the Scheme.


   This work shall be done by Dr. Roche-Kelly, and for the purpose of communication of names and clinical information he shall be included as a "Medical Officer of the Scheme."

14. Help shall be given to necessitous patients by the City Manager acting on the advice of the M.S.O.H. This help shall be given in accordance with the directions given by the Minister of Local Government and Public Health in Circular No.52/43 dated 31st March, and shall be given in a manner that will ensure medical privacy. The manner in which this will be done shall be decided by the City Manager on the advice of the M.S.O.H.


   Patients possessed of sufficient means shall contribute to the cost of treatment according to their capacity to pay such charges. These charges shall be fixed by the City Manager on the advice of the M.S.O.H. The staff of the Tuberculosis Scheme shall give all reasonable assistance to the M.S.O.H. in the matter.

16. The Officers of the Scheme shall consist of:

   (a) The M.S.O.H. (Dr. McPolin).
   (b) The T.M.O. (Dr. Moran).
   (c) Nurse Nolan and Fitzgerald.
   (d) A clerk-typist who shall be the confidential clerk of the M.S.O.H.
APPENDIX I.

The clinic shall be held twice weekly - on Mondays and Wednesdays at 3 p.m. in the City Dispensary.

APPENDIX II.

(a) Institutions under the Local Authority.

(1) The City Hospital.

(2) The Limerick Tuberculosis Hospital for chronic and advanced cases.

(b) Other Institutions.

(1) Heatherside Sanatorium.

(2) Cappagh Hospital.

(3) Coole Hospital, Westmeath.

(4) Pearmain Sanatorium.
    (cases of Pulmonary T.B. in children under 14 years).

(5) Any other institution that may be approved for an individual case by the Minister for Local Government and Public Health.

APPENDIX III.

Records:

(a) to be kept by H.S.O.H. The Tuberculosis register showing the particulars required by Department of Local Government and Public Health, and showing the disposal of the patient along with identification number and letters.

(b) to be kept by the T.M.O.
Clinical record showing dates of consultation at clinic or other place, and clinical details of diagnosis treatment, progress, etc.

Nurses Records.
The nurses shall keep a record of visits made to patients. This record shall be according to attached form. (Nursing Record - Tuberculosis).

APPENDIX IV. (Reports).

Monthly Report of T.M.O.

The T.M.O. shall report details of work done during the previous calendar month along with any special comment on matters that may require attention. This report shall be submitted to the M.S.O.H. before the tenth of the month succeeding that to which the report refers and shall be according to attached form. (Monthly Summary Card - T.B.)

Annual Report of T.M.O.

The T.M.O. shall submit an annual report showing the work done during the year. This report shall show details as set out in attached schedule, and shall be submitted to the M.S.O.H. not later than 25th February of the year following that to which the report refers. We shall submit a general review of the working of
the Scheme during the year under review. This review to reach the M.S.O.H. not later than 31st March of the year following period under review.

Nurses Reports.

Each nurse shall submit a monthly report showing

- No. of new patients visited.
- No. of new contacts visited.
- Total no. of patients visited.
- Total no. of contacts visited.
- Total no. of visits paid.

This report shall be submitted to the T.K.O. who shall transmit same to M.S.O.H. at such time that it shall reach latter not later than 10th of month succeeding that month to which the report refers.

The M.S.O.H. shall submit special reports when directed to do so by the City Manager or the Minister of Local Government and Public Health.
Sir,

The Limerick County Borough Tuberculosis Scheme in its present state of organisation and methods is extremely unsatisfactory. It is not properly co-ordinated and it violates every principle of medical practice in relation to the family right to privacy.

It also fails to assist families in those factors that are powerful forces in increasing the liability to the disease. These defects will prevent the Scheme making any progress in dealing with the problem of Tuberculosis in the Limerick City.

To remedy this state of affairs I advise that the Scheme be reorganised, and I enclose herewith a suggested Scheme which in my opinion will remedy this state of affairs.

Yours faithfully,

M.S.O.H.

To City Manager,
Town Hall,
Limerick.
TREATMENT OF TUBERCULOSIS AND PROPAGANDA.

The whole question of health propaganda is one of great difficulty. A great amount of propaganda is going on in this field in many countries. It is greatly to be feared that the aim of most of this activity is to assist in revolutionary propaganda and the health of the people is of secondary importance. The tone of the propaganda convinces us that this is the principal object. This is further confirmed by the fact that we hear a different type of propaganda from agitators than that heard from men who are genuinely interested in health. Some medical men have been inveigled into this net as seen by the establishment of a Socialist Medical Association in England.

We in Ireland are too prone to copy English and American methods without carefully examining the principles involved. The whole question of health propaganda is difficult but that part relating to T.B. is of especial difficulty because it has a direct bearing on the rights and duties of the family, on the medical profession and on the functions of the State. These are the very questions on which there is a very definite doctrine and are the great fields in which our civilization is being ruthlessly attacked. For all these reasons, I propose to discuss the matter in what might seem unnecessary detail.

If we are going to discuss "health," our first step should be to have some definite clear idea of what we mean by "health."

Objectively, good health implies a perfect equilibrium of organs and of physiological and psychological functions. The person who is in good health has no definite feeling of such. He has no definite sensation that is particularized as "good health." He enjoys a wellbeing, so indistinct, so little particularized, that it draws no attention to itself. This is so true that a person only really perceives good health when he has lost it.

In light of these facts it is worth while giving careful consideration to the whole method of health propaganda in relation to T.B. Families in which there is no history of T.B. will not take any notice of such propaganda, except in types that are neurotic. Families in which there is a history of T.B. are usually outstanding cases of wishful thinkers and carefully avoid thinking about it no matter how strong is the propaganda. Even in such cases we cannot expect any effects unless the person concerned begins to feel ill and
has "early" symptoms. It is now an accepted fact that when the case reaches this stage it is an "advanced case" and it is too late. We are then forced to the conclusion that the only reliable method of attack is that the family doctor should have the younger members of every suspected T.B. family in his practice under observation and periodically examined and radiographed.

From the standpoint of propaganda, it therefore, follows that it should consist of securing the co-operation and alertness of all medical practitioners.

This certainly cannot be done by "lecturing" these men, or by writing in a superior instructional tone. I think it is even more hopeless to send them instructions of a professional nature over the signatures of non-medical men. Medical men seem to dislike being taught medicine except by medical men, of wider experience than themselves; otherwise they tend to react in a manner that is not helpful.

The co-operation of the family doctor can be secured by providing a scheme that complies with their ideas concerning (1) complete privacy concerning the patient's illness and family affairs and (2) efficiency in placing modern diagnostic methods and suitable institutions for treatment at his disposal. If these conditions were fulfilled, there would be no difficulty in getting enthusiastic co-operation of the doctors.

The doctors would then use their very great influence in inducing persons to submit to investigation. It cannot be too strongly emphasized that nobody but the trusted family doctor can do this in an Irish family. Many of the American methods do more harm than good when applied to Irish life, and in the case of such disease as T.B. we are dealing with a totally different problem than is met with in propaganda concerning prevention of such diseases as Diphtheria, etc. as there is a special stigma associated with T.B. in a family.

Having secured the co-operation of the family doctor, the next step is to create an atmosphere in the T.B. scheme that will (1) reassure the patient concerning privacy and (2) offer inducements to patients to avail of the scheme.

The problem of securing privacy concerning the nature of the patient's illness and family matters is a delicate and difficult matter. The patient is not unreasonable in requiring extreme measures to achieve
this aim. If it becomes known to anyone except the medical and nursing staffs that a family is tainted with T.B. the family concerned suffers serious economic and social injury. It makes it difficult for members of the family to obtain certain kinds of employment; it almost destroys the matrimonial prospects of members of the family - especially the girl members; and the whole atmosphere causes worry and mental suffering to the family concerned. These facts make it morally binding on medical men and nurses to guard against such a state of affairs. It should also be remembered that the family is the unit of society in the fact of the power of the State and possesses rights to family privacy and to social and economic matters such as set out above. These rights are greater and are anterior to the rights of the State and have been clearly defined both by Church and State. In this country, this has been unequivocally declared in the written Constitution of Ireland.

The duties of the medical and nursing staffs are thus very clear and members of these professions must not only behave accordingly but they must violently protest against having to operate a system that violates these rules. Medical and nursing personnel in the employment of the State are forbidden by superior civil authority to act contrary to these principles and if this occurs the professional staff must then inform all prospective patients as to the conditions obtaining. Failure to do this will mislead such patients as those are not in a position to know that such medical staffs are compelled to violate the traditional professional moral code. Experience in managing a T.B. Scheme reveals the extraordinary sensitivity of families to the danger of the neighbours obtaining information concerning their illness. Great numbers of these families will not attend the T.B. dispensaries, they will ask not to have the T.B. nursing staff visit their homes. These patients will seek the aid of the family doctor and in a T.B. scheme organised in a proper manner the family doctor will be able to arrange for consultation with the Medical staff of T.B. scheme in a manner that will secure professional privacy.

The privacy as outlined above cannot be even approximately obtained in the Limerick City T.B. Scheme. The medical and nursing staffs must reveal all the particulars of the family to a lay staff which is completely outside medical control.
I have drawn attention to this defect of the T.B. Scheme in my Annual report in the following terms:—

"..........If the patient is found to be suffering from T.B. the T.M.O. then fills in forms recommending treatment and sends the patient to a lay official who has the power of sending the patient to hospital; the patient and family in the meantime being investigated by a lie machine concerning means to pay, etc. This procedure involves the medical officer having to divulge the nature of the patient’s disease to lay persons who are not under the authority of the doctor concerned."

In addition to this publicity, the patient is given a document on which is printed the following paragraph for the patient’s information:—

"A person applying for treatment must produce his or her Record Card and Contribution Card and such other evidence as the City Manager may require, and must give the particulars required on this form to the best of his or her ability. The form must be completed by the patient or by some person on his or her behalf. Treatment, if granted, may take the form of treatment in a Sanatorium or hospital or at a dispensary, or in the patient’s own home, according as the City Manager may decide."

This propaganda tends to give the patient the impression that the doctors play a very unimportant part, if any, in the scheme.

This aspect of the problem in Limerick Co. Borough leaves a great deal to be desired. The question of the means of the patient is decided without any reference to the medical staff of the T.B. scheme or family doctor. The qualifications for deciding such a point would seem to require a knowledge of the problems created in a family by the existence of T.B. and also the extra needs for special nourishment that arises owing to threat of T.B. to the remaining members of the family. It is difficult to see how this knowledge can be gained by anyone except by professional medical experience and training.

Many of the T.B. patients that attend freely at the T.B. clinic differ sharply from the average self-respecting family and many of the former invite publicity in the hope of obtaining some economic advantage, e.g. Home Assistance, etc. There is no difficulty in getting these persons to make use of the T.B. scheme, but the other class of sufferers are more numerous and can only be influenced by a trusted family doctor.

Inducements to Patients to avail of the Scheme: The great majority of cases of T.B. arise in homes in which life is very hard, food and clothing scanty, housing bad, and mode of life not very intelligent. A number also occurs in families of moderate means but the concealed drain on the available resources are very heavy. These families have an aversion to seeking help from the State and justify this aversion by degrading the competence and efficiency of the Services. In such
cases, the family doctor is all-powerful if he is satisfied with the scheme. To meet this aspect of the problem some system should be devised that will enable such patients to be sent to institutions and cared for without their having to have the whole family affairs investigated by non-medical agents and without having their names circulated amongst a lay staff in the Accountancy Departments. The divulging of names in this field prevents medical men being able to assure their patients of privacy and also raised the difficulty that such men cannot tell their patients with reasonable certainty the exact amount of the help that is obtainable. Very many of the patients are in extremely poor circumstances and need home assistance but have an aversion to such form of help under the present system. Such cases could only be met if some form of help was available which was under the direct control of the medical staffs. The position might be summed up as follows:-

1. A Scheme organised in a manner that meets the facts of family life will of itself have very great propaganda effects if explained to the families concerned.

2. If the scheme is designed and operated in a manner that will guarantee family privacy, etc., the family doctors will use it with enthusiasm and bring it to the notice of the public.

3. If it does not guarantee privacy the family doctors cannot make use of it as if they did so their would fall into disrepute in their own districts on account of having participated in a scheme that publishes the private family affairs of their position.

4. The T.B. Scheme in Limerick City is organised in a manner (1) that gives the impression that it is more non-medical than medical, (2) it involves a very high degree of publicity concerning the patient's private family affairs.

5. The problems arising apropos of T.B. in families in Irish rural areas and a town like Limerick are extremely different from these arising in large cities. In the former areas public opinion and personal relations are very strong. A person's habits and actions are under close observation by neighbours. In great cities these are almost absent and a person's habits and actions pass almost unnoticed.
The whole question of health propaganda is one of great difficulty. A great amount of propaganda is going on in this field in many countries. It is greatly to be feared that the aim of most of this activity is to assist in revolutionary propaganda and the health of the people is of secondary importance. The tone of the propaganda convinces us that this is the principal object. This is further confirmed by the fact that we hear a different type of propaganda from agitators than that heard from men who are genuinely interested in health. Some medical men have been inveigled into this net as seen by the establishment of a Socialist Medical Association in England.

We in Ireland are too prone to copy English and American methods without carefully examining the principles involved. The whole question of health propaganda is difficult but that part relating to T.B. is of especial difficulty because it has a direct bearing on the rights and duties of the family, on the medical profession and on the functions of the State. These are the very questions on which there is a very definite doctrine and are the great fields in which our civilization is being ruthlessly attacked. For all these reasons, I propose to discuss the matter in what might seem unnecessary detail.

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In light of these facts it is worth while giving careful consideration to the whole method of health propaganda in relation to T.B. Families in which there is no history of T.B. will not take any notice of such propagandas except in those that are neurotic. Families in which there is a history of T.B. are usually outstanding cases of wishful thinkers and carefully avoid thinking about it no matter how
strong is the propaganda. Even in such cases we cannot expect any effects unless the person concerned begins to feel ill and has "early" symptoms. It is now an accepted fact that when the case reaches this stage it is an "advanced case" and it is too late. We are then forced to the conclusion that the only reliable method of attack is that the family doctor should have the younger members of every suspected T.B. family in his practice under observation and periodically examined and radiographed.

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The problem of securing privacy concerning the nature of the patient's illness and family matters is a delicate and difficult matter. The patient is not unreasonable in requiring extreme measures to achieve this aim. If it becomes known to anyone except the medical and nursing staffs that a family is tainted with T.B., the family concerned suffers serious economic and social injury. It makes it difficult for members of the family to obtain certain kinds of employment; it almost destroys the matrimonial prospects of members of the family - especially the girl members; and the whole atmosphere causes worry and mental suffering to the family concerned. These facts make it morally binding on medical men and nurses to guard against such a state of affairs. It should also be remembered that the family is the unit of society in the fact of the power of the State and possesses rights to family privacy and to social and economic matters such as set out above. These rights are greater and are anterior to the rights of the State and have been clearly defined both by Church and State. In this country, this has been unequivocally declared in the written Constitution of Ireland.

The duties of the medical and nursing staffs are thus very clear and members of these professions must not only behave accordingly but they most violently protest against having to operate a system that violates these rules. Medical and nursing personnel in the employment of the State may be forced by superior civil authority to act contrary to these principles and if this occurs the professional staff must then inform all prospective patients as to the conditions obtaining. Failure to do this will mislead such patients as those are not in a position to know that such medical staffs are compelled to violate the traditional professional moral code. Experience in managing a T.B. Scheme reveals the extraordinary sensitivity of families to the danger of the neighbours obtaining information concerning their illness. Great numbers of these families will not attend the T.B. dispensaries, they will ask not to have the T.B. nursing staff visit their homes. These patients will seek the aid of the family doctor and in a T.B. scheme organised in a proper manner the family doctor will be able to arrange for consultation with the Medical staff of T.B. scheme in a manner that will secure professional privacy.
The privacy as outlined above cannot be even approximately obtained in the Limerick City T.B. Scheme. The medical and nursing staffs must reveal all the particulars of the family to a lay staff which is completely outside medical control.

I have drawn attention to this defect of the T.B. Scheme in my Annual report in the following terms:

"..........if the patient is found to be suffering from T.B. the T.M.O. then fills in forms recommending treatment and sends the patient to a lay official who has the power of sending the patient to hospital; the patient and family in the meantime being investigated by a lay machine concerning means to pay, etc. This procedure involves the Medical Officer having to divulge the nature of the patient's disease to lay persons who are not under the authority of the doctor concerned."

In addition to this publicity, the patient is given a document on which is printed the following paragraph for the patient's information:

"A person applying for treatment must produce his or her Record Card and Contribution Card and such other evidence as the City Manager may require, and must give the particulars required on this form to the best of his or her ability. The form must be completed by the patient or by some person on his or her behalf. Treatment, if granted, may take the form of treatment in a Sanatorium or hospital or at a dispensary, or in the patient's own home, according as the City Manager may decide."

This propaganda tends to give the patient the impression that the doctors play a very unimportant part, if any, in the Scheme.

This aspect of the problem in Limerick Co. Borough leaves a great deal to be desired. The question of the means of the patient is decided without any reference to the medical staff of the T.B. Scheme or family doctor. The qualifications for deciding such a point would seem to require a knowledge of the problems created in a family by the existence of T.B. and also the extra needs for special nourishment that arises owing to threat of T.B. to the remaining members of the family. It is difficult to see how this knowledge can be gained by anyone except by professional medical experience and training.

Many of the T.B. patients that attend freely at the T.B. clinic differ sharply from the average self-respecting family and many of the former invite publicity in the hope of obtaining some economic advantage, e.g. Home Assistance, etc. There is no difficulty in getting these persons to make use of the T.B. scheme, but the other class of sufferers are more numerous and can only be influenced by a trusted family doctor.

Inducements to Patients to avail of the Scheme: The great majority of
cases of T.B. arise in homes in which life is very hard, food and clothing scanty, housing bad, and mode of life not very intelligent. A number also occurs in families of moderate means but the concealed drain on the available resources are very heavy. These families have an aversion to seeking help from the State and justify this aversion by decrying the competence and efficiency of the Services. In such cases, the family doctor is all-powerful if he is satisfied with the scheme. To meet this aspect of the problem some system should be devised that will enable such patients to be sent to institutions and cared for without their having to have the whole family affairs investigated by non-medical agents and without having their names circulated amongst a lay staff in the Accountancy Departments. The divulging of names in this field prevents medical men being able to assure their patients of privacy and also raises the difficulty that such men cannot be sure their patients with reasonable certainty the exact amount of help that is obtainable. Very many of the patients are in extremely poor circumstances and need home assistance but have an aversion to such form of help under the present system. Such cases could only be met if some form of help was available which was under the direct control of the medical staffs. The position might be summed up as follows:

1. A Scheme organised in a manner that meets the facts of family life will of itself have very great propaganda effects if explained to the families concerned.

2. If the scheme is designed and operated in a manner that will guarantee family privacy, etc., the family doctors will use it with enthusiasm and bring it to the notice of the public.

3. If it does not guarantee privacy the family doctors cannot make use of it as if they did so they would fall into disrepute in their own districts on account of having participated in a scheme that publishes the private family affairs of their position.

4. The T.B. Scheme in Limerick City is organised in a manner (1) that gives the impression that it is more non-medical than medical, (2) it involves a very high degree of publicity concerning the patient's private family affairs.
5. The problems arising apropos of T.B. in families in Irish rural areas and a town like Limerick are extremely different from those arising in large cities. In the former areas public opinion and personal relations are very strong. A person's habits and actions are under close observation by neighbours. In great cities these are almost absent and a person's habits and actions pass almost unnoticed.

It is difficult to see how any propaganda can make the Limerick Scheme popular amongst the normal conservative type of Irish family or family doctor. These are really the most important families and it is rarely one of these makes use of the Scheme. If the Scheme was remodelled to comply with privacy and give liberal help to diseased families, the medical profession would make full use of it and bring it to the attention of the right people in the right way.

The organisation of the Limerick Co. Borough T.B. Scheme should be amended as follows:

(1) The scheme should be directed and supervised by the Medical Superintendent Officer of Health;

(2) The office work should be done by a confidential clerical staff under the supervision and direction of the M.S.O.H.

(3) The investigations should be under the control of the M.S.O.H. subject to the City Manager's orders."

(4) The lay administrators should not, as a rule, ask for names of patients. In particular cases in which the City Manager may require names for special reasons, these names should be obtained from the Medical Superintendent Officer of Health and should not be divulged to the lay staffs or other persons outside the staff of the T.B. Scheme. For administrative purposes (including payment of Accounts) an identification number should be used.

M.S.O.H.