

THE FREE DISPENSARY QUESTION.

Dr. C. N. B. Camac, of New York, was the guest of the Toronto Academy of Medicine on the evening of 31st October. He took for his subject the management of the Free Dispensary.

In the first place he condemned the superficial work that was too frequently done in dispensary practice. In many instances a prescription was given for some leading symptom, but no thoroughgoing investigation was held into the patient's condition. He thought that three or four new cases was enough for any one person in a day. It was quite impossible to properly study out twenty and thirty new cases in one day by one practitioner, as he had known in some instances.

He then went into the history of the dispensary and gave some very interesting information on this topic.

He then took up the question of patients who tried to secure free attendance at the dispensary, but who were able to pay. The remedy for this lay in the dispensary employing a visiting nurse, who visited the homes of these patients, and corrected any attempt at imposing on charity.

He also handed out some severe criticism of those doctors who made use of the dispensary improperly to gain practice for themselves. The dispensary might be made to serve this end in various ways. This evil was remedied to a great extent by the visiting nurse, and the system of having social members, who supplied useful information.

The dispensary could be made of the utmost value in detecting disease in its early stages and doing much for the cure of these cases. The hospital too often only got the wrecks to treat when they were past cure.

The dispensary could also be made of much value to the student and the nurse, as a proper selection of cases could be made and used for the purpose of clinical teaching. This phase of the dispensary work had been too much neglected.

It was of the utmost importance that some intelligent person should see the patients and make a working classification of them. This could be done by a trained lay person. The dispensary staff should be large enough to avoid overtaxing any one person. Too many cases led to hurry and careless diagnosis and treatment.

Some dispensaries have adopted with advantage the plan of selecting practitioners throughout the city and assigning certain hours to them. This was good for these practitioners, and it distributed the work. These doctors treated the poor in this way and not at their own offices.