begun in our general hospitals. Alt, some years ago, said that violent mania was an artefact due to psychical sepsis. Our general hospitals spend thousands of dollars to secure the most perfect surgical asepsis. How much do they spend for psychical asepsis?

The establishment of proper wards for nervous diseases in our general hospitals under the control of neurologists would tend to remedy this unfortunate state of affairs. It is true that a delirious surgical case must remain surgically in the hands of the surgeon, but he could receive the benefit of surgical care in a proper psychiatric ward, where restraint and psychical sepsis were controlled by the skilled neurologist. Such wards could also afford opportunities for the study of obscure mental cases which cannot be legally committed to a hospital for the insane, and, in communities where there is no hospital for the insane readily accessible, they could serve for the temporary reception of emergency cases of actual mental disease. Here in Boston, if the accessible Boston Insane Hospital were made available by the removal of the legal barriers, and the popular prejudice were removed, the neurological wards of our general hospitals need not assume that function. They are still a necessity, even here, for the proper treatment of patients with nervous disease, now improperly treated in our general hospitals, and for the proper control of the mentally disturbed, who are necessarily inmates of our general hospitals, and whose present lack of proper treatment is deplorable. The psychiatric ward, in some form, associated with neurological wards, is an essential in a well-equipped hospital. The psychopathic hospital is but another term for what every hospital for the insane should be, and its establishment in a community is conclusive proof that the hospital for the insane in that community is below the proper standard of efficiency.

REMARKS UPON THE PRESENT STATUS OF SANATORIUM TREATMENT FOR TUBERCULOSIS.*

BY VINCENT Y. BOWDITCH, M.D., BOSTON,

*Medical Director of the Sharon Sanatorium, Sharon, Mass.; formerly
Attending Physician to the State Sanatorium, Rutland, Mass.*

In the history of any great movement there are always different stages of development marked by advancing and receding waves of human enthusiasm, and its true position in the world is only determined after the test of long experience. The sanatorium treatment of tuberculosis, notably in its pulmonary form, is a marked instance of this fact, and it seems wise for those of us who have been most interested in this branch of therapeutics during the past fifteen or twenty years to give our views in the matter that we may hasten the coming of the day when we may all stand on the middle ground between absolute

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indifference, as shown at first, and, on the other hand, the too zealous and, one might almost say, hysterical enthusiasm evinced by the public when first awakened to the undoubted importance of the movement.

We have long ago passed through the stage of indifference, almost lethargy, which possessed the public for many years. Next came the stage of public awakening when, following the steps made by Brehmer, Dettweiler, Trudeau and others, it was proven that much could be done in sanatoria near the homes of those suffering from tuberculosis. It was in consequence of belief in this method that the sanatorium at Sharon in 1891, later Dr. Millet's institution at East Bridgewater in 1900, and the large state sanatorium at Rutland in 1898, were founded in Massachusetts. Not long after this, in consequence of the success of these institutions, came the stage to which I have alluded, of over-zealous, almost hysterical enthusiasm, chiefly among the laity; of ridiculous claims of "cures," which those with fuller experience knew were only fictitious, and of headlong desire to enlarge the scope of the work without sufficient experience.

It was at this period that those who had been for years earnestly advocating sanatorium treatment began to find themselves taking a conservative attitude, foreseeing with deep regret the inevitable result of injudicious claims. Then came the stage of reaction which is sure to follow the too rapid and unhealthy growth of a really valuable idea. This reaction has been felt in Europe as well as in America within a comparatively short time, and arose from the same causes on both sides of the Atlantic.

At this point it may be well to state the real belief of those who were pioneers in this special line of work. Never in their most enthusiastic moments have they claimed that they had found the panacea for the "eradication of tuberculosis." They have merely stated their position, from facts proven after years of experience, that by comparatively simple means a very much greater number of sufferers from tuberculosis can be brought back to health than was thought possible a quarter of a century or even a decade ago. They know now with what just ground they can pour hope of recovery into the heart of many a sufferer as contrasted with the experience of earlier days when nearly every consumptive was thought to be doomed unless extraordinary methods were adopted, involving exile from home and great sacrifice of means. To prove this to others, however, took years of patient work, until the community had awakened to what was possible.

The advocates of sanatorium treatment have, moreover, hailed the more recent movements for the establishment of hospitals for advanced cases, of dispensaries, and even for treatment in the homes of the poor as a consummation of what they have urged for years and as the surest method, when used in combination with sanatoria for hopeful cases, of eradicating this terrible disease. They regret, however, that just now many

seem to have taken the attitude that because sanatorium treatment has not accomplished everything, it has done little or nothing, — a position as foolish and untenable as that of the extravagant advocates of the earlier work.

As instances of this unreasonable position, I can only refer to recent utterances of some of those who are now earnestly advocating what is the next great step in the fight against tuberculosis. In several instances we read expressions like the "utter failure of sanatorium treatment in the past years to eradicate tuberculosis." Again we find articles like one signed under a *nom-de-plume* in a prominent medical journal, casting discredit upon the idea of treatment in sanatoria because of difference of methods employed, but ignoring the fact of the immense number of sufferers who have been sent from these institutions with renewed health, ready from their own experience to spread the gospel of hygienic living as a means of prevention as well as cure of tuberculosis.

As a rule, anonymous articles or those signed by a *nom-de-plume* are perhaps best left unanswered; but when space is given to them in medical journals of high standing they may be taken by many readers as expressions of fact and so do harm to a worthy cause. In the *Boston Medical and Surgical Journal* of Feb. 27, 1908, is a letter from Paris¹ signed "Spectator" in which the views expressed are so utterly at variance with those of men who have had greater experience in this special line than the anonymous writer, that it is well to protest. Dr. Frederick I. Knight,² in a subsequent number of the *Journal*, March 19, 1908, gives an admirable answer; but I desire to add my protest to the tone and attitude of the former article and to offer one or two criticisms.

The writer refers to the exhaustive and most admirable work issued recently in the Thirty-fifth Annual Report of the Local Government Board (1905-6) by Dr. Bulstrode, of England, entitled "Sanatoria for Consumption and Certain Other Aspects of the Tuberculosis Question," and lays stress on the fact that the statistics of decrease in the number of deaths from consumption in the last half century fail to show any marked change since the almost universal adoption of sanatorium treatment. Based upon this statement, "Spectator" proceeds, in what can only be termed flippant style, to cast doubt upon the lasting use of such establishments in every civilized community. His quotations from the remarkable work of Bulstrode give a very false impression of what the latter really believes, and he fails to note the introduction to the work, in which Dr. Bulstrode is distinctly quoted as saying that, as to the value of sanatorium treatment in pulmonary tuberculosis "he does not consider it possible or indeed desirable to draw definite conclusions on the evidence so far available." At the same time Dr. Bulstrode shows his entire approval

of the establishment of sanatoria for properly selected cases, proving thereby that he feels, to say at the least, that they are of inestimable value in the treatment of tuberculosis.

Perhaps the best answer after all to such adverse criticism is to point to the fact that applications to sanatoria are constantly increasing, a fact to which I can testify in my own experience at Sharon; this in the face of the fact that, as is always to be expected with our present knowledge, we meet with disappointments in many cases thought at first to be favorable for treatment, and in spite of the fact that many cases, chiefly those that were more or less advanced, relapse when again placed under the stress of ordinary conditions of life.

Figures and statistics may present extraordinary features, but facts are hard things to controvert. Had not sanatorium treatment proved itself of great value, we should not find a constantly increasing number of those who have been helped nor of those now seeking the same remedy. It may be well just here to quote from the paper which I read before this association in Washington last year, entitled: "Subsequent Histories of One Hundred and Sixty Arrested Cases of Pulmonary Tuberculosis Treated at the Sharon Sanatorium, 1891-1906."³ Of the number at the time of writing (1907), 83+ % were living and well under ordinary conditions of life, some of these having left the sanatorium thirteen or fourteen years before; 3.7% had not been heard from, but at last accounts they were in robust health; 13+ % had died, but of these the majority had been advanced cases in which arrest of disease was a surprise; and in others tuberculosis was not the cause of death.

As a corroboration of these statements, it is only necessary to refer to the admirable paper of Drs. Lawrason Brown and Pope, giving the subsequent histories of patients treated at the Adirondack Cottage Sanitarium.⁴

These figures simply represent facts. Standing as they do, they challenge comparison with results of former days in other methods of attempted cure, recollections of which are vivid in my own mind, and are more convincing than any possible collections of statistics as to deaths from consumption, that sanatorium treatment has been, and is still destined to be, of infinite value to the human race.

That it is far from all we wish and hope for, no one could possibly grant more positively than myself. My chief object in these remarks is simply to beg those who are now so earnestly working in the still more modern methods for conquering tuberculosis not to dwell upon the limitations of any one method because it does not do everything, but to insist that every method known to science must be brought to bear upon the subject, in a spirit of cordial co-operation. Then, and not until then, shall we accomplish what we all desire.

¹ Letter from Paris. "Sanatoria," etc., by "Spectator." *Boston Med. and Surg. Jour.*, Feb. 27, 1908, p. 308.

² "Sanatoria for Tuberculosis," Dr. F. I. Knight. *Boston Med. and Surg. Jour.*, March 19, 1908, p. 308.

³ Transactions of the American Climatological Association, 1907.

⁴ *Zeitschr. für Tuberculosis*, Bd. 12, Heft 3, March, 1908. "Ultimate Test of Sanatorium Treatment and Its Application and the Results Obtained at the Adirondack Cottage Sanitarium."