The Boston Medical and Surgical Journal

TABLE OF CONTENTS

February 12, 1920

ADDRESS	EDITORIALS
THE PRESENT NEEDS OF THE TUBERCULOSIS CAMPAIGN. By John B. Hawes, 2nd, M.D., Boston. 161	INCOME TAX COMPUTATION 180
ORIGINAL ARTICLES	POSTGRADUATE MEDICAL INSTRUCTION AT THE UNIVERSITY OF WISCONSIN. 181
DIET REDUCTION WITH RETENTION OF PROTEIN TO RELIEVE GLYCOSURIA IN DIABETES MELLITUS. By R. L. Fenton, Ph.G., M.D., Iowa City, Iowa. 168	THE MASSACHUSETTS MEDICAL SOCIETY
THE PATHOLOGY OF "INFLUENZAL PNEUMONIA." By Frank P. McNamara, M.D., New Haven, Conn. 171	REPORT OF THE JOINT COMMITTEE ON STATE AND NATIONAL LEGISLATION. 182
THE POSSIBILITIES OF CARREL-DAKIN TECHNIQUE IN CIVIL LIFE. By Allen G. Rice, M.D., Springfield, Mass. 174	HAMPSHIRE DISTRICT MEDICAL SOCIETY. 184
CLINICAL DEPARTMENT	NEWS ITEMS 184
THE TREATMENT OF CHRONIC ULCERS. By Frank E. Storell, M.D., Worcester, Mass. 176	CORRESPONDENCE
AN UNUSUAL CASE OF METACARPAL FRACTURE. By S. S. Dearborn, M.D., Nashua, N. H. 178	MATERNITY BENEFITS. G. E. Whitehill, M.D. 184
	A PHYSICIAN NEEDED. John B. Watson. 185
	MISCELLANY
	UNITED STATES CIVIL SERVICE EXAMINATION. 185
	NOTES, RECENT DEATHS, ETC. 186

Address.

THE PRESENT NEEDS OF THE TUBERCULOSIS CAMPAIGN.*

BY JOHN B. HAWES, 2D, M.D., BOSTON.

We are going through an age of reconstruction. Our problem is not confined, however, to the reconstruction of maimed and sick men, but involves as well the reconstruction of our ideas and our theories. The war has taught us many things, not only about war itself but about things of even greater importance than this, concerning ourselves, our standards and methods of living, our ideas and our ideals. It has taught us that we have much yet to learn in handling disease and medical problems, and especially is this true in regard to tuberculosis. While our ideals will remain the same our ideas must change to suit the times. We have fought and conquered the Hun, to make the world a decent and safe place in which to live. Now, let us attack this other enemy, tuberculosis, with equal vigor and determination, in order to make the world not only a decent but a healthy place in which to live. It is right and proper, then, that at the annual meeting of such an

* Address delivered at the meeting of the Canadian Tuberculosis Association, Ottawa, Canada, Oct. 9, 1919.

association as this, a nation-wide group of earnest men and women, that we take a survey of our present situation and inspect fearlessly and impartially our methods and means of offence and defence against this nation-wide scourge.

It was recently quoted in a medical journal that 22% of all the men disabled for whatsoever cause from the United States Army or Navy were so disabled on account of tuberculosis. While I do not for a minute believe that this figure is correct or that the actual proportion of men incapacitated on account of tuberculosis was as high as this, the incidence of tuberculosis in the Army and Navy was sufficiently great as to merit grave consideration. But I am unwilling to call the situation created by the discovery of this large number of tuberculous men a "war" tuberculosis problem. It is a problem that has been with us, and will remain with us in times of peace as well as in war; it is simply one of many that have been vividly called to our attention by the present emergency.

TUBERCULOSIS SURVEYS.

There are two points that appear to me as especially worthy of mention. One of these is that we have reached the time when we must

quit our present attitude of waiting for the tuberculous patient to turn up; waiting for the physician to report this or that case, or waiting until the patient himself comes to the dispensary for help and advice. This policy of watchful waiting must be abandoned as it was finally abandoned in the United States. A more aggressive policy must be instituted. We must seek out the patient; we must find him and force him, even against his will, to take proper measures to protect himself and the community. We must take measures, harsh ones if necessary, to stimulate and prod the medical profession and boards of health into greater activity.

Some fifteen years ago, when I first started in tuberculosis work in the Out-Patient Department of the Massachusetts General Hospital, I found the tuberculous patient to be the stray dog of the clinic; an unwelcome guest, to be kicked here and there, and to be gotten rid of as soon as possible. He was given a prescription for some cough medicine or a tonic, and was told to return in a few weeks, the interval usually made as long as possible. As far as I could, I did my best to change this, and instead of encouraging the patient to stay away I encouraged him to return, and, in many cases, against his own will, persuaded him to do what was necessary for his health. In a very modest medical article, the first one I ever wrote, I described my efforts. Dr. Richard Cabot suggested to me the title, which I liked, and which I have thought of many times, *i.e.*, "The Aggressive Treatment of Pulmonary Tuberculosis." We must adopt this aggressive attitude toward our problem. We must not wait until the problem is at our doors, until it comes to us, but we must take the initial step and go out after it.

How can we best do this? Every wise leader before a battle or conflict of any kind does his best to find out the strength of the enemy, not in vague generalities but in actual facts and figures. Too much have we in the tuberculosis campaign dealt in vague generalities. We have taken the reports of local boards of health, for instance, at their face value. Because few cases were reported in any given community we have taken it for granted that there were few consumptives in that community. Because a certain town or city was rich, prosperous, and had little or no tenement life in its midst, we have taken it for granted that there was and

could be no consumption. We must change our minds as to this. Because a certain city in my own state has built and maintains an excellent tuberculosis hospital, the beds of which have never been more than three-quarters filled, we have taken it for granted that this city was more than doing its duty as far as tuberculosis was concerned. The city finally asked for a survey in order to obtain more money from the state for the support of its tuberculous patients. The result of this survey demonstrated the fact, beyond the shadow of a doubt, that while the hospital was an excellent one and the patients given the best of cure, and while there was an excellent tuberculosis dispensary with high grade physicians in attendance, the city was not meeting or nearly meeting its problem. Over 50 patients were found, who had kept at their work in factories and mills until within one month of their death from consumption, and over 150 who remained at work until within three months of their death. The beds in the local hospital had remained vacant, not because there were no patients to fill them, but because these patients were not aggressively sought after and sent to the hospital. The patients were there in the city, urgently in need of treatment, many of them known to the health authorities, and the vast majority of them known to their local physicians, but because no one had come to them and had worked with them and finally persuaded them that they were in need of hospital or sanatorium treatment they had remained in their homes and had not only died there but had given the disease to many others about them. Therefore, I would urge upon you that in the community in which you live, wheresoever it is, be it large or small, urban, suburban, or rural, rich or poor, agricultural or industrial, you first find out exactly the size and extent of your tuberculosis problem; that you take nothing for granted; that you discard all the facts and figures that you have at present and that you get to work and really find out conditions as they are. I guarantee that you will be surprised and, I fear, in many cases, dismayed and discouraged at the results. You will find tuberculosis lurking in places where you had no idea that the disease could exist; you will find it among the rich; you will find it in factories and shops of the very highest grade, and often you will not find it where you most expect to

find it. Such surveys have a most wholesome effect upon us all who are engaged in this work. In terms of money they need not be expensive. The essentials of such a survey are first, a wise and tactful physician who knows how to conduct it properly; second, a nurse or corps of nurses who can go into the homes of the people and make a house to house canvass; third, some one who can tabulate and arrange the facts and figures obtained from such a survey and who can make proper deductions therefrom, and finally, a public opinion properly educated and developed, which will see the need of such a survey and which will coöperate with you and not oppose your efforts. Such a health survey, then, which is by all means the best method we possess of finding out the extent of our problem, is one of the present needs of our tuberculosis campaign.

STANDARDS IN DIAGNOSIS AND TREATMENT.

My second point may appear to you unnecessary or even trivial and absurd. It is this, that we come to some definite unanimity of opinion as to what constitutes tuberculosis. This, you will probably say, is a problem for the medical profession to decide. Quite true, but until the medical profession has decided and taken action upon this point there will be confusion in our efforts and injustice and wrong done to many patients. I am firmly convinced that in this city, as in Boston, I could take a patient with certain history, signs, and symptoms, to nearly a dozen different physicians, each of high standing, each above the average skill in the diagnosis of tuberculosis, and get as many different opinions. One would say that the patient did not have tuberculosis; another might say that he had tuberculosis but that it was not active; another that it was active tuberculosis; one that the outlook was good; another that the outlook was bad; one that the patient needed home treatment; one that he needed hospital treatment; and one that he needed sanatorium treatment. There undoubtedly would be one who would say that he needed no treatment at all. As long as this state of affairs exists, and to a greater or less degree it does exist in every medical community, we are not going to get the results which we should. We can standardize our hospitals, our sanatoria, and our dispensaries, but can we standardize our brains? Unfortunately no, but

we at least can standardize the methods by means of which the medical brain arrives at medical conclusions. This lack of agreement as to methods of diagnosis has been strikingly demonstrated in the American Army and I am sure that it holds true in the Canadian Army as well.* At one camp or cantonment where the medical officer in charge of the tuberculosis work was an x-ray enthusiast the rejections on account of tuberculosis were largely based on x-ray evidence. In another camp where there were equally high grade men but with different ideas the x-ray evidence was to a large extent discarded and the decision of these problems rested on clinical evidence alone. Some men were discharged for tuberculosis with a diagnosis based purely on the signs in the lungs and symptoms related to the lungs, while in other cases the same diagnosis was made and the same course of action taken when the findings in the lungs were practically negative and the diagnosis based on entirely different evidence.

This is not as it should be. I can assure you that the confusion as a result of this lack of any standardization of methods in the Army and the injustice which has been done to many men exists just as much in our civil life today as it does in the Army and Navy. For years I have struggled against this difference of opinion and the resulting chaos in my own mind and among my patients in Boston. I do not for an instant claim that my own ideas have been right and the ideas of my confreres have been wrong, but I simply know that there has been very little in common among us in regard to the early diagnosis of pulmonary tuberculosis. Many patients have gone from my clinic at the Massachusetts General Hospital to the clinic at the Boston Consumptives' Hospital and to other clinics and have obtained opinions diametrically opposite from mine. And yet we are all working and striving for the same thing—to diagnose our patients in the early stages, to give them adequate treatment and to prevent them from infecting others.

The first definite attempt to solve this problem, as far as I am aware, was made about a year ago in Framingham. There has been going on in this little Massachusetts town for the past three years one of the most interesting experiments that has ever been attempted. An attempt has here been made, under the auspices of the National Tuberculosis Association, and

backed up by funds adequate to carry on every method of procedure which could possibly be of assistance, to demonstrate what our modern methods can really accomplish in the way of eradicating tuberculosis and in solving the health problems of this community. The first thing that was done in this experiment was to carry on a survey such as I mentioned above, in order to find out, if possible, exactly how many cases of tuberculosis of any form whatsoever there were at hand. And here, in making a wholesale examination of the inhabitants of this town, we were at once confronted by the difference of standards, opinions, ideas, and methods among the various physicians employed. As a result, a committee was appointed to draw up a set of standards in diagnosis of tuberculosis, which standards, although as yet imperfect and incomplete, are a step in the right direction and a distinct help to us in our work.

The second step, therefore, that I would urge your association to undertake would be in this direction—that you appoint a representative committee to formulate a set of standards in your work. There should be such standards not only for diagnosis but for treatment. The physician, or indeed the nurse or social worker, should have something definite to help in deciding whether to advise sanatorium treatment, hospital treatment, or home treatment. There should be uniformity of records, and of dispensaries, and the time is soon coming, I am convinced, when there will be standardization of hospitals and sanatoria. At first glance this may seem like carrying the military regime altogether too far. I do not believe that this is the case, and were it so I should be the first to rebel against it. These standards, whenever used, must be simply looked upon as hints and helps. Should they be regarded as definite lines of work from which no deviation must be made they will do harm rather than good. Above all they must be used with tact and common sense. Under such conditions I am sure that they will do good.

These two points—tuberculosis or health surveys and some form of standardization of our work I believe to be important in any anti-tuberculosis campaign.

Now let us consider certain other phases of our work and ask ourselves the question first, whether the old methods have outlived their

usefulness and should be altered, modified or discontinued altogether; and second, whether new methods recently called to our attention should or should not be adopted. First I should like to consider our

EDUCATIONAL METHODS.

Almost every association, great or small, maintains a lecture service of some kind. Whether or not a lecture is going to do good and really accomplish something, depends not on the information imparted by the lecturer, but on the personality of the lecturer himself and on what he does *before* and *after* his formal talk. Personally, I have lectured to almost every known kind of an organization, and to tell the truth I have reached the conclusion that I have accomplished remarkably little thereby, as far as the lecture and the information I gave out were concerned. The good that has been accomplished by such lectures and gatherings of people has been by individual work with certain interested persons, rather than by anything I said to the gathering, as a whole. Therefore, I rather feel that lecture service as such, except in special individual instances where you have the right man to give the lecture, is not a very important part of our work.

TUBERCULOSIS EXHIBITS.

We have all been to tuberculosis exhibits and have seen charts and statistics, good rooms and bad rooms, and photographs of all kinds, and most of us have left with our minds in a whirl and with very little definite or concrete information to help us, except that we wondered why we were not all dead. Personally, I do not think tuberculosis exhibits are of very great importance except in those communities where education as far as health is concerned is still in the primary stages; and here, as in a lecture service, more depends on the person who demonstrates the exhibit than on the exhibit itself. The exception I would make to this is that concerning children. I remember only too vividly, when a boy, of seeing a chart of an alcoholic's stomach that made a deep impression on me; if you can make an impression with tommy-rot such as this, you can certainly make an impression with things that are really good, such as the need of fresh air and cleanliness, etc.

THE PUBLIC PRESS.

One of the most neglected fields of educational work is the public press. Here is a means which we have not used enough to reach all classes of people, and especially the medical profession and that group of men whose duty it is to frame and carry out our laws. I would suggest, therefore, that it become an important function of every tuberculosis society to maintain a press service and to see that this work is done by someone who knows how to write newspaper English and who appreciates the importance of making such items of some news value as well as of educational value.

MOVING PICTURES.

The moving picture theatres are now used to a certain extent in the States for educational purposes, but might be used must more. There is still an amazing lack of information in the minds of the people as well as in the minds of the medical profession in regard to our public institutions such as state, county and local sanatoria and hospitals for consumptives. In countless instances friends and relatives of patients and even their physicians have come to me finding fault with this or that institution which they have never visited or seen. Here, then, by means of moving pictures, is a field for very definite, practical, and valuable work.

EDUCATION OF CHILDREN.

Some years ago I assisted in the passage of a bill in Massachusetts which required that tuberculosis and its prevention should be taught in those grades of our public schools in which the subject of hygiene and physiology were taught. For this I was severely criticized by an older physician who could see no possible reason why children should be taught anything about such a horrid and unpleasant subject as tuberculosis. I could not agree with him then and I cannot agree with him now. I believe that this whole matter can be taught in a way which will teach valuable lessons and yet which will do no harm whatsoever. We must teach the children just as we must teach the entire public that the rules which govern tuberculosis are simply the rules of decent and right living. The whole boy scout and the modern health crusade movements are efforts in this direction.

More depends upon the tact, perseverance, and skill of the individual teacher, be she one of the teaching staff or a nurse, than upon anything else. It is certainly one of the important duties of any tuberculosis association to see to it that school children are given practical instruction in the rules of hygiene and right living.

EDUCATION OF LEGISLATORS.

Finally, and I touch here upon a point upon which I have considerable intimate knowledge, I would urge that you educate your legislators. In the United States, comparatively slight efforts are made to control or influence for good medical legislation in the state legislatures, and even the little that is done is too often delayed until this or that bill has reached a stage when it is given a hearing; at such a time as this, unfortunately, there is very little chance of accomplishing much. From ten years' fairly close observation of this subject I believe that it is ignorance, not wilful or vicious, but simply plain ignorance on the part of our legislators which leads to so many errors of omission and commission on health matters. They do not know why this or that appropriation should be made. They cannot see the harm that this or that bill is going to do, perhaps not in the present, but in the future, and therefore they do not favor the one or oppose the other. The best time to reach the legislator is before his election, but in order to influence him there must be some method whereby he can be approached, not by one or two interested individuals, but by many such. Your association, if it has not done so already, should develop the machinery whereby your legislators can be approached either by letter or, better, in person, by hundreds of physicians and by prominent men and women, so that they will see that what is asked is not merely the individual whim or fancy of one or two but the firm and decided opinion of many from all races and walks of life.

THE SANATORIUM.

During recent years, various articles have appeared, asking the question as to whether or not the sanatorium is worth while or has outlived its usefulness. How often have you and I, when we have seen this or that patient discharged from a sanatorium apparently well and

strong, and in six months' time relapse into a condition worse than he was in before, asked ourselves the question—what is wrong with the sanatorium and its treatment and why are not its results more permanent? The sanatorium is worth while. This can be maintained beyond the shadow of a doubt, but the sanatorium must do more than it does now. The real sanatorium must be made to symbolize something more than a splendid group of buildings beautifully located and surrounded by the best that nature can give, where there is good food and careful medical supervision. It must mean more than this. The word "sanatorium," coming from the active verb, "sanare,"—to heal—must mean that the patient is kept under supervision not merely while he is within its walls but for months after his discharge. This is what modern sanatorium treatment must mean, and until it does mean this our results will not be what they should. A proper system of after-care work, following up the patient after his discharge, must be looked upon as a necessary and integral part of every sanatorium. It should begin in the sanatorium itself and should be carried on after the patient has left. The patient who is about to leave or who shows signs of becoming restive should be approached by some nurse or social worker, who, kindly, tactfully, yet firmly, will either try to persuade him to remain as long as he should, or else pave the way for his future career, and who, after the patient has left the institution, will visit his family, inspect his home, get in touch with his physician and his employer, and see that he continues the methods of treatment which have helped to bring back his health. This is real sanatorium treatment.

CONSULTATION SERVICE.

One of the new, and what promises to be one of the most valuable experiments in our tuberculosis campaign, is now being carried on in Massachusetts. I refer to our consultation service. With the help of the Massachusetts Tuberculosis League, Dr. H. S. Wagner, superintendent of the recently opened Barnstable County Tuberculosis Sanatorium, devotes part of his time to seeing, with physicians of this county, various patients at the request of such physicians, concerning whose diagnosis and treatment there is doubt. So far, this method has proved eminently successful. The physicians

feel that they have here a man who is in no way in competition with them, but who can help them out in difficult cases among the poorer class of patients who cannot afford to pay a large consultant fee, while for the sanatorium superintendent himself, it offers a chance to see other conditions besides tuberculosis, and to broaden the sphere of his usefulness. I believe that in the future, it will be one of the duties of every well equipped sanatorium to maintain not only an out-patient department, but a consultation service along the lines here described.

TUBERCULOSIS DISPENSARIES

Look up, in the Century Dictionary or in any other encyclopedia, and you will find that the word "dispensary" is briefly defined as a place to which sick people may go and receive treatment. This must not be our definition. Just as a sanatorium without a nurse or a social worker to carry on after-care work is not a sanatorium in the proper sense of the word, so a dispensary cannot be called a real dispensary as far as tuberculosis is concerned unless it is equipped with a nurse or corps of nurses, depending upon its size, who will visit the home of the individual patient, advise and counsel the family as well as the patient, and who will instruct the patient in the details of what he must do. There are other essentials in addition to this that go to make up a proper dispensary. Its location must be accessible to those whom it is expected it will serve. It should not be in an isolated district where either a long walk or trolley ride are necessary to reach it. Its rooms should be cheerful, sunny, and bright. There should be a special day for children, and of particular importance, except in small communities, it should be open one or two evenings a week, so that men or women need not give up an entire day or even half a day in order to get medical advice. If possible, the physicians conducting the examinations should be men specially trained in their work, but above all, these physicians must have tact and common sense. I would rather have a level-headed general practitioner who is endowed with common sense in charge of my dispensary than the most skilful and scientifically trained sanatorium physician in the world if he did not have this valuable quality.

NON-PULMONARY TUBERCULOSIS.

Hitherto our efforts have been devoted almost entirely to tuberculosis of the lungs. We have had to do this because this is the form of the disease which is so dangerous to others. In the vast majority of cases, tuberculosis of glands, bones or joints, while dangerous and distressing to the individual patient does no harm to those about him. The time is coming, in my own state at least, and I believe in many other places, when we can afford to take the next step in advance and to give those patients who are so fortunate, or I should rather call it unfortunate, as to have the disease outside of their lungs, the same chance of getting well as those who have the pulmonary tuberculosis. It is a curious and unfortunate state of affairs that the patient who comes into a dispensary, and especially if he is lucky enough to have a hemorrhage in the presence of the doctor, is immediately diagnosed as a consumptive, and, if possible, sent to a sanatorium or given the fresh air and proper hygiene of which he is in need: while the man, woman, or child who has glands in the neck or tuberculous disease in the kidney or elsewhere is looked upon as a proper subject for surgical skill, or too often, the lack of it. Treatment in this case is usually devoted to that small part of his body which is diseased, while the man himself who owns the disease is neglected. We have reached a stage when this should be changed. We must spread the news that tuberculosis is the same no matter in what part of the body it is located, and that the same sunshine, fresh air, and proper food that cures the consumptive will likewise cure the child with Pott's disease, or the man or woman with enlarged glands in the neck.

TUBERCULOSIS LEGISLATION.

Do we need more laws in regard to tuberculosis? I believe not. Tuberculosis in Canada, as well as in the United States, is a reportable disease, and I fear that as large a proportion of cases in your country go unreported as in my own. More laws will not help this, nor is this state of affairs entirely the fault of the medical profession. Over-zealousness on the part of local health boards has done harm to

many patients and prejudiced their physicians strongly against reporting future cases. Education as to the need of reporting tuberculosis on the one hand, and tact on the part of local authorities on the other, are what will solve this problem.

How much do anti-spitting laws accomplish? Very little, I fear. Here again, education as to habits of cleanliness and decent living, and not more legislation is what is needed.

What can we do about the incorrigible consumptive? Will the time ever come when he can be forcibly restrained? I thought so once, but do so no longer. Neither in Canada nor in the States, in my opinion, will we ever be able forcibly to remove or control the wilfully careless and incorrigible consumptive. Education again and not legislation is the secret of success.

I am rash enough to believe that the harm done by the careless spitter and the incorrigible consumptive is, after all, very slight. What we have accomplished in reducing the mortality from consumption during the past twenty-five years, and what we shall accomplish in the future is *not* because by means of sanatoria we have cured a number of patients, nor because we have prevented the spread of infection by providing beds for advanced consumptives, but because we have spread the gospel of right living. It is what we are doing to solve the tenement and housing problem; it is school and factory inspection and hygiene; the prevention of industrial diseases; it is a pure milk and water supply, thereby eliminating typhoid and other acute infectious diseases; open air schools, boy scouts, health crusaders,—it is all this, and not our efforts directed solely to the tubercle bacillus or the tuberculous individual that is ridding the world of tuberculosis.

Therefore, friends, let us broaden our vision; let us assume an aggressive attitude toward our problem; let us know what our problem is as to every minutest detail, but let us attack it from the broadest and widest angle. Above all, let us "Welcome each rebuff that turns earth's smoothness rough" lest we stagnate and rest idle in "the harbor of indifference."