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## Original Articles

### THE MANAGEMENT OF TUBERCULOSIS.

SANITY: CANDOR: HUMANITY.\*

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PHILADELPHIA.

The best has been said by the best minds of the profession and by many of the best of the laity on this vast subject. It ill becomes one untrained in literary work, with little time for the study, to inflict on the profession further dissertation that can scarce be more than repetition. Your committee, however, thought perhaps it might not be unseemly for one at this timely period to say a few words born of an experience in hospital and home on this subject. They know, oft repeating can alone bring conviction, and have no doubt calculated accurately on the endurance of the profession. Opportunity will be taken, therefore, to consider in general the subject of the management of tuberculosis and to point out some present day dangers, if such suggestive word may be used, in present day tendencies, and then to discuss special features which seem worth while employing to relieve sufferers from tuberculosis.

#### VARYING THERAPEUTICS.

No disease of the human race presents throughout the entire history of its therapeutics such a wild orgy of excesses, such a delirium of extremes as that of tuberculosis. In quarter century periods from first to last there has been such wide variations of treatment over degrees of latitude which if charted would appear like intermittent rushes from the equator to the pole and the pole to the equator. So well known are these extremes that a favorite mode of expression of these variations is to compare them to the swinging of a pendulum. We hear that the pendulum has swung too far on one line of treatment or too far in the opposite direction on another line of treatment. With the swing to the right or the left there is rejoicing in one camp and a corresponding wailing and gnashing of teeth in the other. All efforts seem to be directed to send the pendulum into the first or third quarter. Fortunately, a few students of tuberculosis, in season and out of season, of robust mind and clear vision, attempt to hold the pendulum in the median line.

Prior to the coming of Koch, it was drugs and foods that had their passing hour. There was the cod liver oil period, the phosphorus period, the hypophosphite period, the arsenic, the iron, the digitalis, the phenol, the quinin, the creasote and the coal tar periods. Those who are not among the very old in the profession well remember the psychic inflation of the sulphuretted hydrogen gas treatment which ballooned itself around the world, until by virtue of its own expansion, it went up into the air, a method of unsavory memory. Compressed air and

vacuum apparatus of all kinds have been limboed to the garret of innocuous desuetude and save perhaps for pocket vacation are chiefly useful only as relics of the will-o'-the-wisp period of pulmonary therapeutics.

For many decades climate and clime were the end all of all tuberculosis management in the selection of which the profession trended now here now there in accordance with the energies of the devotees of the respective region. Even since the bacteriologic era in tuberculosis there has been much chasing after false gods. Who does not recall the great excitement a score of years since brought about by Koch himself in his premature statements as to the value of tuberculin? It was not alone the profession who suffered. The confidence that is lost by the explosion of such premature fancies is harmful, but it is as naught compared to the distress, the blasting of hope, the throttling of courage which befalls the poor sufferer from this disease.

A record of such vagaries is not a credit to the profession. It is true there were sufficient excuses in the past. The loss of life was appalling. The suffering was beyond estimation. The ignorance was most dense. "A constitutional disorder," cried one; "a local disorder," called another; "of inflammatory origin," said one; "of neoplastic origin," spoke his neighbor. From pillar to post the pathologist tore the therapist. Is it any wonder with the stress of his responsibility he grasped at straws? As the light dawned, stability grew, and with each step forward in etiology, the grasp of endeavor grew firmer and firmer. Out of our greater insight into biology and the precision of bacteriology have come these truths: Tuberculosis is an infectious disease, the extent and course of which depends on constitutional conditions. Every person can be infected; only a few can have tuberculosis. In short, tissue resistance and adaptability decide whether an infected person shall have tuberculosis, or not. With this clear, the strife was to determine what brings about adaptability and resistance in the biologic world. Does it not seem strange indeed that that which great men have plead for for years and have sacrificed time and strength to prove by experiment and practice, only slowly filtered into our life work? The substance of their pleadings makes our line of action to-day; conservation of strength brings about tissue resistance, adaptability and cure.

With such record of fetich worshiping in tuberculous therapeutics it is no wonder that any one familiar with its history should not endeavor to be conservative, and try to hold to the good of the old while grasping the benefits of the new. Is it any wonder that some may stand aghast at the dogmatic assertions of present day management? Is it not proper to plead for sanity to-day, almost as strongly as it was necessary in the past? Do we not already see dangers from the far swing of the pendulum? Are not some methods of the past too ruthlessly cast aside? Affirmative answers can alone be given to such queries and hence to us is given the right to pro-

\* Read at the Philadelphia Tuberculosis Exhibition.

test against a few latter day tendencies, although it must be briefly.

#### PROTESTS.

1. *The Public are Dangerously Educated as to the Curability of Tuberculosis.*—They do not understand the degrees of infection, the difference in course of the varieties of tuberculosis, and the variations in the power of resistance of the individual. Tuberculosis is tuberculosis to them, whether of cerebral, pulmonary, serous membranous or other form. To the family, the fond mother or beloved sister does not differ constitutionally from those of other families. They can not and will not recognize constitutional types. This harm is a result. The unwelcome termination when it comes brings a discredit to science not justified. The physician to whom the care of the patient is entrusted is reflected on. For the sake both of the patient and the physician a plea that such extremes should not be disseminated, is proper. Should we not better have humanity feel the hope we have, that halcyon days are coming, but until then we dare only say, fortunately with greater truth than ever, *tuberculosis is sometimes curable.*

The public should know that in the best sanatorium in this country, with the best possible means at command, in an experience of seventeen years, 66 per cent. of the incipient cases continued well; 28.6 per cent. of the advanced cases are well and 2.5 per cent. of the far advanced cases remain cured. What a splendid record and what a triumph for Trudeau! "Peace hath her victories far more renowned than war." The public should know the chances are about even as to success or failure in tuberculosis under ordinary circumstances if they do the right thing. Let the great suffering body understand that while progress is fast apace, the millennium of therapeutics in tuberculosis can not be brought forth in a day or a decade. Let them know that there is a dawn, indeed that the sun is nearing the meridian and that in prevention, in scientific methods of vaccination or immunization and in the skilled use in the future of tuberculin, the high noon of success may soon be on us.

2. *The Sanatorium Treatment is Placed on Too High a Pedestal by Many of its Ardent Advocates.*—Already danger is sighted. For example, it had been so extravagantly promulgated in England that the public believed a sanatorium, and six months' residence therein quite sufficient to bring about cures in tuberculosis. There is danger of the splendid, massive sanatorium movement in that country toppling over. Only recently the *London Lancet* devoted an issue in an attempt to stem the storm. No one can deny the great value of sanatorium treatment and wish that the properly selected cases of tuberculosis which can not be treated otherwise, could be placed under such favorable conditions. But with this unfortunately not one tithe of the struggle is over. A larger scheme than sanatorium treatment must be invoked and a longer time permitted to bring about a "cure." The sanatorium and sanatorium methods are only a fraction in the great struggle.

3. *Should not the Temporary Fiasco of Koch and the yet Inconclusive Statements of Behring Behoove Scientific Workers to Beware of Hasty Conclusions on Immatured and Imperfectly Observed Data?*—The story of Trudeau's patience and persistence in pathologic work is not a brilliant tale of adventure before the footlights. It is the stately march of an epic. Laboratory labors should be repeated and repeated, reflected on and then brought forth.

The opsonic theories of the brilliant technician,

Wright, so attractive and of such illumination as to lead one on, must have more searching scrutiny.

4. *Our Great Sanatorium Endeavor Must not be Taken out of our Hands by Virtue of our own Enthusiasm and Taken up by the Politicians as their Stock in Trade.*—That this may occur is seen by the recent action of the Rutland Sanatorium, Massachusetts, while there are rumors that the public sanatoria in New York state are not in very happy condition. Fortunately, in Pennsylvania the present secretary of the Department of Health, Dr. Dixon, is alive to the great dangers of politically managed sanatoria, and Dr. Charles B. Penrose, to whom we owe our great state health service, sees clearly the needs of the hour. They are ever ready to strike. In our own Flick we have a man of courage to protest at such usurpation. We owe to these three men the nipping in the bud of legislative attempts to use the cloak of charity for ulterior methods.

The profession should be a unit in demanding that the cure and treatment of this class of cases should be positively carried out on lines which are agreed on by the great experts in this disease, to be correct. There can be no deviation. If from our own body selfish and self-seeking men come forward without previous training to take up this work with politics behind them there should be such uprising of the profession as to appall the stoutest in assurance. If it is not done the whole matter of such relief will fall to the ground. The profession have a right to feel indignant that those of their number who have temporary political power, should, without training or serious attention to tuberculosis, as far as their past record would show, assume to take charge of large sanatoria. Fixed principles should control the management of the institution. To expose incipient cases to the mixed infections of advanced cases would be criminal. There is much opportunity for imposition on the part of the public. The greatest diagnostic skill is required to select proper cases. We should be a unit in demanding the selection of men with experience in such work for the position; they should be trained as specifically as we ask the alienist to be trained. They should have such sanity and such humanity as to stand above all temptation and sinister influence.

#### THE MANAGEMENT OF TUBERCULOSIS.

It is interesting to note that a discussion of the management of tuberculosis is approached from a different standpoint than had been the custom as short a period of time as twenty-five years ago. He who engaged in such inquiry would have tried to launch some specific treatment for this then considered dread disorder either by drugs, by climate or with respiratory armamentarium. The hearer would have gone from the assembly hall disgusted at the waste of time had he not taken with him a new wrinkle in the use of drugs. The ear is strained to catch another story. It is to hear of the efficiency of pure air and sunshine, of good food and the mode of its administration and of well planned rest, regulated to the bodily needs of the patient, nicely adjusted to his physical requirements.

A century ago Benjamin Rush, the Sydenham of his day, anticipated our present day methods, and half a century later the elder Bowditch cured himself by the application of our own well formulated principles. While communities, as those of Germany, have had well formulated plans of sanatorium treatment a new community, as ours, putting forth energy in constructive duties had little to spare for conservation. This spirit of construc-

tion in politics, in economics and in the upbuilding of the nation and of the individual, brooks no thought of salvation and, it is regretful to say, has minimized the value of human life. With us sanitation, both public and private, is as yet in its swaddling clothes. There are signs that recently the juggernaut car of industry which ruthlessly rides down individuals has been rudely awakened. The value to the state and to the family of human life is daily more and more appreciated. Out of this will come the success that should pertain to sanatoria.

Such success must depend on the candor of the physician to whom the suffering patient applies, the thoroughness of method in the conduct of the institution and persistence in the one principle that it is the individual, the human being that is treated, not the disease.

*Candor Should Be Our Greatest "Motif."*—1. As to diagnosis: If a case is suspicious but not positive, withhold judgment and ask for another examination. No one should be cleared of suspicion or condemned on one examination, when the case is incompletely developed. 2. As to the patient: Tell him, with exercise of judgment as to his temperament, at once the nature of his illness. A very sad chapter of medicine could be written of the dillydallying of doctors at the threshold of this disease, either from ignorance, lack of candor and courage or, it is suggested, from a desire to continue in attendance on the patient for fear his methods or diagnosis may be criticised. 3. As to the public: Notification is just and should be a universal practice.

*Treatment.*—It can not be gainsaid that the treatment of a case of tuberculosis must be on sanatorium lines. It can not be disputed that the best results are obtained by these means and by these means alone. As successful treatment implies an early diagnosis this in turn means (a) education of the public not to be callous as to the surroundings. If he finds himself in an infected environment or in unhygienic surroundings an examination from time to time should be conducted. (b) Education of medical student and practitioner how to make a diagnosis. Unfortunately the very excesses in fear as to contagion have barred incipient cases from the hospital wards and the student is debarred from opportunity. (c) As to the institutions, successful treatment demands that only an expert in the management of tuberculosis must have charge and that in a "cure" house only incipient cases must be admitted.<sup>1</sup>

Treatment in a sanatorium or in the home by sanatorium methods involves, to the extreme: rest, fresh air and an abundance of food. The amount of rest is to be judged by the strength of the patient, the frequency of the pulse, the extent of neurasthenia, if present; and, most important, the temperature. The fresh air is to be unlimited in amount, delivered in quiet filtration if possible, certainly not whilst riding in a storm or flying in the wind. Sunlight is to be unstinted in amount. Food to be of nutritious value, the amount and character must be determined by the digestive capacity of the stomach. To this end, careful estimations must be made of gastrointestinal conditions and treatment directed accordingly. Perhaps the only excuse for drugs is to modify gastric conditions and enhance digestive power; to tone up the circulation (digitalis) or to correct chloro-anlinia (iron and arsenic).

After the disease is arrested, gradual exercise to bring

the patient up to a normal physical life must be evolved. Hence no return at once to former duties and not to any bad environment. The sanatorium or its methods, is not even the halfway house to cure. For the well to do, climate and change are essential, for the artisan or laborer, a place or position of light work outdoors with opportunities for rest, and little chance for fatigue.

#### A PROTEST AND A PLEA.

Is climate of value? Unhesitatingly, yes. Do we not want a sunny room for our rest patient; should he be denied days of sunshine if he can get them? Do we not want a clear sky, a tonic air and but little dust for our sanatorium patient? Should they be denied the better class? Rest, rest is the cry. Can the well to do get rest in their own hustling environment? Does not removal to a haven of peace and an atmosphere of quiet mean removal from temptation? Of course, climate without food is death, climate with homesickness is almost destruction. Climate has its limitations but it has its immense advantages. Who can cry out against sea air in bone tuberculosis and tabes mesenterica in children? Moreover, certain forms of tuberculosis, as of the larynx, do badly in the northern latitudes. For them, California and New Mexico are better than northern New York. And so reference could be made to many climatic conditions which would avail much in groups of cases, all climatic treatment to be subsidiary to rest and diet.

It is not necessary to dilate on this phase of the subject. The consensus of the profession as to climatic indications held ten years ago, holds as well to-day, and it would be well for the younger student and experts in tuberculosis to study them carefully. To those who can have an appropriate climate with proper food and rest, the likelihood of permanent cure is infinitely better than for the home or sanatorium case.

## THE STEM PESSARY FOR AMENORRHEA AND DYSMENORRHEA.

SOME FURTHER OBSERVATIONS.\*

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DETROIT.

Many inquiries by physicians in different parts of the country in reference to the use of the stem pessary have prompted me to write another short article on the question. There is no doubt that the bane of the general practitioner, and even of the gynecologist, is the treatment of stubborn cases of amenorrhea and dysmenorrhea, as they last for months and years and often persist after all the known modes of treatment have been tried.

#### AMENORRHEA.

If this occurs at the age of puberty, time and hygienic management will generally bring about a normal condition.

There are certain types of this disease that are very troublesome, as, for example, when menstruation occurs only at long intervals and then is scanty, or when the function has been thoroughly established for some years and then becomes irregular and slight, often accompanied by pain. This generally causes a great deal of mental distress to the patient, often resulting in the use of various kinds of household and "patent medicines" and running from one physician to another. In nearly all these cases we find a small uterus, called, in the case

1. It almost goes without saying that such methods can not be conducted in institutions in which politics plays the greater part in the management.

\* Read in the Section on Obstetrics and Diseases of Women of the American Medical Association, at the Fifty-seventh Annual Session, June, 1906.