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Table of Contents

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ADDRESS	BOOK REVIEWS
THE PRESENT STATUS OF THE ANTI-TUBERCULOSIS WORK IN NEW HAMPSHIRE AND SOME SUGGESTIONS FOR THE FUTURE. <i>By Robert B. Kerr, M.D., Concord, N. H.</i> 268	Alveolodental Pyorrhea. <i>By Charles C. Bass, M.D.</i> 288
ORIGINAL ARTICLES	EDITORIALS
THE PRACTICAL TREATMENT OF INEBRIETY IN A STATE INSTITUTION. <i>By Irwin H. Neff, M.D., Norfolk, Mass.</i> 268	THE ILLNESS OF SIR WALTER SCOTT..... 289
AN ELECTRO-MOTOR BONE OUTFIT AND TECHNIC OF ITS USE. <i>By Fred H. Albee, M.D., F.A.C.S., New York.</i> 273	DE-ALCOHOLIZATION OF BEVERAGES AS A PREVENTIVE OF INEBRIETY..... 291
THE MANAGEMENT OF BREAST FEEDING, WITH CASE REPORTS. <i>By C. K. Johnson, M.D., Burlington, Vt.</i> 278	ENLIGHTENMENT OF CONSUMPTIVES..... 292
THE PRESENCE OF B. DYSENTERIAE, B. PROTEUS VULGARIS, BACT. WELCHII, AND MORGAN'S BACILLUS NO. 1, IN THE STOOLS OF CASES OF INFECTIOUS DIARRHEA. <i>By Carl TenBroeck, M.D., Boston, and Frank Garm Norbury, Boston.</i> 280	SANITARY CONDITIONS OF BOSTON STREETS..... 292
A NOTE ON THE INVASION OF THE BODIES OF INFANTS BY B. DYSENTERIAE. <i>By Carl TenBroeck, M.D., Boston.</i> 284	MEDICAL NOTES..... 293
REPORTS OF SOCIETIES	CORRESPONDENCE
NEW ENGLAND PEDIATRIC SOCIETY. MEETING OF MARCH 26, 1915 286	MIXED INFECTION IN TUBERCULOSIS. <i>John B. Hawes, 2d, M.D.</i> ... 300
	MISCELLANY
	MEDICAL FEES IN THE SIXTEENTH CENTURY..... 295
	PETITION FOR TUBERCULOSIS NURSES..... 297
	MEDICAL BROTHERHOOD FOR THE FURTHERANCE OF INTERNATIONAL MORALITY..... 298
	CONDITION OF NAVAL SURGERY IN THE EIGHTEENTH CENTURY... 299
	BELGIAN PHYSICIANS' RELIEF FUND..... 300
	NOTICES, APPOINTMENTS, RECENT DEATHS, ETC..... 300

Address.

THE PRESENT STATUS OF THE ANTI-TUBERCULOSIS WORK IN NEW HAMPSHIRE AND SOME SUGGESTIONS FOR THE FUTURE.*

BY ROBERT B. KERR, M.D., CONCORD, N. H.,

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1.

THE TUBERCULOSIS PROBLEM IN NEW HAMPSHIRE.

(1) Tuberculosis is the most prevalent disease in New Hampshire and at the same time one of the most preventable.

(2) It causes more than 38% of all the deaths between the ages of 20 and 30 in New Hampshire.

(3) A conservative estimate places the economic loss to our state from tuberculosis as close on to a million dollars a year.

(4) (a) Eighty-four per cent. of all the deaths from tuberculosis in New Hampshire occur in the southern and central counties.

(b) More than one-half of all the deaths from tuberculosis in New Hampshire occur in Hillsborough and Merrimac counties.

* Read in symposium on Tuberculosis, before the Merrimack County Medical Society, April 18, 1915.

(c) More than one-third of all the deaths from tuberculosis in New Hampshire occur in Manchester, Nashua and Concord.

(d) More than one-fifth of all the deaths in New Hampshire from tuberculosis occur in Manchester.

The great prevalence of tuberculosis in these sections of the state is due in part to the fact that more than two-thirds of the population of the state lies below Concord and also because of the overcrowding due to the large manufacturing industries. It is in the large, and even to a surprising degree in the small manufacturing districts, that we find the Great White Plague claiming its largest number of victims.

(5) Up to May, 1914, there were close on to 2000 active cases reported to the state board of health. In estimating the probable number of cases of tuberculosis in a given territory some authorities, taking 20 as a factor, multiply the number of deaths by that, and so figure the number of cases. More conservative authorities, particularly Philip of Edinburgh, use 10 as a factor. This figure was used as a factor by the Massachusetts Legislative Tuberculosis Commission in figuring the number of cases of tuberculosis in Massachusetts. Taking 10 as a factor and multiplying the number of deaths from tuberculosis in 1911 in New Hampshire by that, we have a little over 5000 cases of tuberculosis in our state.

(6) The State Board of Vital Statistics reports a marked decrease in the mortality from tuberculosis in this State.

The New Hampshire State Board of Health in commenting upon this urges the establishment of

sanatoria to maintain this decrease, believing that "this reduction has taken place among the so-called better classes, or in other words, among the more prosperous, and perhaps more intelligent part of the community. It is these people who are more informed and who pay more attention to sanitary progress, and who, moreover, have the means at their command to enable them to do so. To reduce tuberculosis to its lowest terms sanatoria become a necessity.

(7) Tuberculosis is very largely a disease of the poor in New Hampshire, particularly among the shoe-shop and mill operative part of the population. The housewives and housekeepers are also very prone to this disease. The spread of this disease has been proven to be largely a matter of family contagion in the over-crowded unsanitary homes of the very poor.

2.

OUR AIM IN THE CAMPAIGN AGAINST TUBERCULOSIS.

The aim in the campaign against tuberculosis is the *control* and ultimate *suppression of the disease*. All over the world and the United States a vigorous campaign is under way to accomplish this end. To control and suppress tuberculosis requires:—

- (1) Control of the tuberculous.
- (2) Prevention of new cases.
- (3) Education of the people.

1. *Control of the Tuberculous.* A comprehensive plan for the control and suppression of tuberculosis must reach every consumptive in every stage of the disease and provide proper supervision in a sanatorium, hospital, or the home. This is our ultimate aim; only in so far as we accomplish this shall we stamp out this disease. It is not enough to care for a few consumptives,—we must reach all or necessarily while we are caring for the few the great number of unsupervised ones will spread the infection. Every consumptive must be rendered innocuous—only as we do this will tuberculosis be eradicated from New Hampshire. The consumptive is the source of the infection. Any reasonable and comprehensive plan for the suppression of the disease must begin with him.

The time is not far distant when every uncared for, unsupervised consumptive will be regarded as a disgrace to the medical profession as well as to the community at large.

When we realize that there are 4000-5000 cases in the state we can see the magnitude of the problem and the immense amount of work which must be done to accomplish the fulfillment of our ultimate aim. However, this should cause no one to assume a do-nothing attitude, but rather spur us on to do our share, utilizing every proper agency at hand for the eradication of the Great White Plague. It can, must and will be accomplished. Pasteur has said that it is in the power of man to cause all germ diseases to disappear from the face of the earth. There is

no reason why tuberculosis cannot be controlled and suppressed just the same as we control and suppress other germ diseases.

In studying the development of the anti-tuberculosis work we find certain definite stages in the tuberculosis movement. The first stage we find to be the establishment by states of sanatoria for the treatment of favorable cases. These were concerned mainly with the cure of "cases." Soon after it was realized that the advanced cases were a greater menace and a greater burden to the state, and the conclusion was reached that in the proper care of these cases the safety of the public health of the community would be most largely secured.

So we have the second stage of the tuberculosis movement. This stage has been characterized by a vigorous movement for the establishment of local and county institutions for the care of advanced toxic cases. New York has made plans for the establishment of hospitals for these cases by every county, in spite of the fact that it has a considerable number of institutions scattered all over the state.

Massachusetts, although it has four large state sanatoria, has passed a law requiring the establishment of hospitals for advanced consumptives by cities of 10,000 inhabitants or over.

We are at the present time in the midst of this important stage of development of the forces in combat against tuberculosis.

The third stage of development and the one which is the connecting link in our campaign, is the movement for the establishment of dispensaries with their great possibilities of early diagnosis and their corps of nurses for home supervision of cases that have returned from sanatoria and of patients who will not go to a sanatorium. Through the tuberculosis dispensary nurses or a state-wide system of visiting tuberculosis nurses we can provide in any corner of the state, however remote, free medical supervision for every indigent consumptive and his family. In this way we can hope to reach every consumptive, and only as we accomplish this shall we get the best results in our campaign.

The efficiency of this system lies in the close relationship between the dispensary-sanatorium and hospital, so that every indigent consumptive in the state and his family cannot only receive treatment at home in the home, but sanatorium and hospital treatment as well; and what is quite as important, is followed up and kept under observation or treatment upon his discharge from the sanatorium or hospital.

Supervision of all consumptives means the expenditure of a vast amount of hard earnest work; large amounts of money; enlargement of our present institutions; establishment of new local institutions in those parts of the state where most needed for the advanced unfavorable cases; and a comprehensive scheme of home supervision.

To do all this *now* would in the end be economy. If we fail of this aim, we shall not do our

full duty in the war against the Great White Plague.

2. *The second important feature is the prevention of new cases.* We must stop manufacturing consumptives or else we shall have new and larger crops to deal with in the coming years. To this end in the first place we must isolate the foci of infection; second, we must remove those conditions which tend to foster and breed tuberculosis. We must do away with the "lung blocks"—the overcrowded unsanitary homes of the poor. We must make working conditions sanitary. We must prevent overwork. Child labor must be suppressed and woman labor restricted. We must raise the standard of living by paying reasonable wages for reasonable hours of labor.

3. *The third important factor is the education of the people in right living and in the prevention of tuberculosis.*

The people must be taught the lesson of personal hygiene,—that drunkenness is not only the curse of the home but the curse of the body as well, and a most active ally of the tubercle bacillus.

The public must be educated to seek the doctor early when suspicious symptoms present themselves. They must be made to appreciate that the tubercular member of the family, for his own sake as well as theirs, must be sent to the sanatorium or hospital.

They must be taught the need of examination of other members of the family exposed to the infection, so that, if it is found necessary, the disease may be treated in its incipency.

They must be educated so that they will be willing to send the tubercular child away for treatment, and not as now, let unreasoning paternal love stand in the way, preferring a dead child in the home to a live one in the sanatorium.

I know of no better way to accomplish all this than by a good system of visiting nurses. The District Nursing Associations in Concord and Manchester are of great value in this particular direction.

3.

THE FORCES AT WORK AND THEIR EQUIPMENT.

1. *Laws relating to the prevention of tuberculosis in New Hampshire.*

We have our registration law, requiring the registration at the State Board of Health of every known or suspected case of tuberculosis. We have our anti-spitting laws. We have a law requiring that every death or removal of a consumptive be reported to the board of health and the premises fumigated.

2. *Institutions.*

(a) We have our excellent State Sanatorium at Glencliff, New Hampshire, located high in the

mountains, designed primarily for the treatment of favorable cases. It has a well equipped plant and has beds for sixty patients. It has done and is doing splendid service in saving the lives of many consumptives. It plans to reject all unfavorable advanced cases, but has accepted many moderately advanced cases because there were not enough applications of incipient cases to fill it to its capacity. This is true of the majority of institutions for incipient cases. It is unfortunate that far too many consumptives are not diagnosed until they become moderately advanced. The only question for admission is not whether the case is incipient or advanced, but whether the patient offers a reasonable prospect of improvement or cure. It does admit advanced cases when they present such a reasonable prospect of improvement or cure.

(b) Under the provisions of a bill passed in 1911 and 1913, which appropriated \$20,000 a year for two years in 1911 and in 1913 appropriated \$15,000 a year for two years, a large number of advanced cases have been cared for at the Pembroke Sanatorium and the Tuberculosis Ward at the Hillsborough County Hospital at Grasmere. About twenty-six state patients can be cared for at any one time under this appropriation. The Tuberculosis Committee of the New Hampshire Medical Society prepared two bills, making provision for advanced consumptives for presentation to this present legislature; one provided for the establishment of a state hospital sanatorium, to be located near the centers of population and designed for the treatment of advanced cases; the other asked for an appropriation of \$50,000 a year for two years for the treatment of these cases.

We were advised by the powers that be that the first bill would be absolutely killed because of the poor condition of the state's finances. The second bill had many advantages and had two objects in view: First, to provide treatment for a goodly number of the state's unfavorable advanced cases; second, to stimulate the establishment of local institutions by charitable people in parts of the state where such institutions were most needed.

This latter bill has passed the House, with the amount of the appropriation asked for cut to \$17,500 a year for two years.* We were told that there was no question of the need of the work or of the merits of the bill, but the state had to cut down on its appropriations.

If the whole amount asked for had been appropriated, both objects of this bill would have been secured. It is easily seen that besides only providing treatment for about thirty-two advanced cases at any one time, it will not encourage the establishment of new local hospitals for advanced cases. No one institution hoped or expected to be able to care for enough patients to use up the \$50,000 a year—the idea was to secure provision for the large number of ad-

* The Senate has since increased the appropriation to \$20,000 a year—the House has concurred and the bill signed by the Governor.

vanced cases in urgent need of treatment and at the same time encourage the establishment of new local institutions so that the unfavorable cases might be cared for near their homes and family. Thus the patient could be frequently seen by his family, get the necessary nursing care, and a focus of infection be removed from the home.

3. Organizations.

The State Board of Health, the New Hampshire Red Cross Society, the tuberculosis committee of the Concord Charity Organization Society, and other organizations, are doing considerable work in educating the public. The New Hampshire Red Cross Society and the New Hampshire Federation of Women's Clubs have contributed funds for the treatment of patients at Glenclyff and Pembroke. The district nursing associations and school nurses are doing excellent work in supervising cases in the homes and providing examinations for individuals presenting suspicious symptoms. In this way, especially in Concord, a number of early cases undoubtedly due to family contagion, have been brought to light.

4.

EQUIPMENT WHICH IS LACKING.

1. Laws.

A valuable addition to our equipment would be the enactment of a law empowering the State Board of Health or local boards of health to remove to a sanatorium or hospital a consumptive whom they deemed dangerous to the public health, either through inability to secure proper preventive measures at home or through carelessness or indifference on the part of the patient in regard to the prevention of spread of his infection.

2. Earlier Diagnosis.

Of great value would be a campaign for early diagnosis throughout the state so that our State Sanatorium may receive a larger percentage of favorable cases and so save more lives to the state. As the possibility of cure or arrest of this disease depends largely upon the extent of the disease in the lungs, it is of vital importance that the consumptive be caught in the incipient stages. It is the duty of the conscientious physician to do so.

3. *We lack adequate provision for the treatment and care of the unfavorable, advanced consumptive.*

Of vital importance are adequate funds and local hospitals for the treatment of these cases. In both of these, New Hampshire is pitifully lacking. More beds for this class of cases is an imperative need. More local institutions are an absolute necessity if we hope to cope with this infection. The bill presented to this legislature had both of these objects in view.

There should be at least 60, and preferably

100, beds in New Hampshire for advanced unfavorable cases of tuberculosis.

We had a splendid hearing upon the bill I have spoken of before the Appropriations Committee of the House. Twenty-six prominent people of the state, among them fourteen physicians, the overseer of the poor of Manchester, the superintendent of the District Nursing Association of Concord, the city missionary of Manchester, the secretary of the State Federation of Labor, the secretary of the State Conference of Charities, and others interested in the humanitarian work of the state, testified to the great need.

The doctors responded well to a call for their aid, and, as I have said, fourteen appeared before the hearing, among them the president and secretary of the State Medical Society, the secretary of the State Board of Health, and the chairman of the Legislative Committee of the State Medical Society.

The result was that the committee was impressed with the great need of the work, and the chairman told us at that time that there was no question of the need of the work or the merits of the bill and that the committee would do all it could, but the financial resources of the state would not permit granting of the full appropriation. It is unfortunate indeed that the committee did not make larger provision for these cases.

4. *There is practically nothing being done for the tubercular children of New Hampshire.* There are no sanatorium beds for tubercular children. There are no open schools. This places a big handicap upon the medical inspectors in schools. If we wish to save the anemic, predisposed, and incipient and closed tubercular children of today from becoming the active cases of tuberculosis in the future, open air schools and home supervision are a necessity. In many instances this could be done without great expense—a room or a number of rooms with all the windows out being utilized for the purpose. There is no provision for the treatment and care of the indigent crippled tubercular children of New Hampshire.

5. *We lack a comprehensive scheme of home supervision.* In a few instances this is being done well by the district nursing associations, particularly in Concord, but much more work is necessary in this direction. This would involve a considerable amount of education and mean a good staff of visiting nurses. The state would get full value for every dollar expended. This could be done under the supervision of the State Board of Health or a State Tuberculosis Commission or some other state body. It would be perfectly feasible to cover the state with visiting nurses for the purpose of discovering and providing adequate care for practically every case of tuberculosis in the state. You will find that no matter how adequate the sanatorium and hospital provision, there are many who will not and cannot go to such institutions. Home treat-

ment is not to be recommended unless it provides the most careful home supervision, together with adequate relief and medical attendance. This, in conjunction with sanatorium and hospital treatment, would be of great value in getting every case under control. This is the ultimate aim which we must keep constantly in view.

Until every case is under control the sources of the infection are unguarded, and the disease will spread quietly, slowly, but surely.

6. *We lack a central organization to direct the tuberculosis work in New Hampshire.*

A central board or commission could direct the forces at work,—supervise sanatorium and hospital treatment, prevent overlapping, initiate and extend home supervision, stimulate the public as to the necessity of dispensaries, open-air schools, etc. Such a commission, thoroughly conversant with the various problems of the work, knowing the particular needs of the forces at work, could appear before our legislative committees, and, with the authority of a state organization, tell them the needs and ask for the necessary equipment. *It is a disgrace to New Hampshire that previous to this last legislature a few physicians, social workers, and others interested in humanity, should have had to fight for what little provision had been made for the unfortunate dying consumptive.*

Between Dr. Wise, the superintendent at Glenduff, and myself, there has always been a cordial feeling of coöperation. We have met occasionally to discuss the problems confronting us in our work, with much benefit to myself. We both feel that a central tuberculosis board would be of distinct value in making more effective the tuberculosis work in New Hampshire.

5.

SOME SUGGESTIONS FOR THE FUTURE.

1. *A Campaign for Early Diagnosis.* As the physician is the only one who can make the diagnosis we must urge upon the profession the great need of care and attention to earlier diagnosis; and at the same time the public must be instructed as to the vital importance of consulting the physician when suspicious symptoms present themselves.

I would suggest that a paper be read upon the subject of tuberculosis, preferably early diagnosis, before each and every county and local medical society. I see no reason why so vital and important a subject as tuberculosis, with its tremendous influence upon the public health, should not be freely discussed before these societies at least once a year. Certainly a paper should be read upon this subject at annual meetings of the State Medical Society.

I would suggest that all the members of a family in which a case of tuberculosis exists be examined. In this way many cases may be discovered due to family contagion. To accomplish this means tuberculosis dispensaries, particu-

larly in the cities. The establishment of such dispensaries would be of great value in discovering early cases and, of equal importance, keeping tabs on the cases returning home from the sanatoria. In some instances this work is being done by the District Nursing Associations.

2. *A Permanent Tuberculosis Committee of the New Hampshire Medical Society.* As tuberculosis is the most prevalent disease in New Hampshire and the physicians of the state must of necessity be interested in the problem, it would seem wise that a permanent tuberculosis committee of the State Medical Society be appointed to consider matters of interest in regard to tuberculosis and bring annually to the attention of the society any such matters of interest or matters of policy in the campaign against tuberculosis as may seem advisable to them. Such committee may confer with the Legislative Committee of the State Medical Society and may with them prepare any bills deemed advisable.

In this way the members of the society may be kept in touch with the various aspects of the tuberculosis problem and may add their influence and help towards their proper working out and solution.

3. *A Vigorous Campaign for Proper Provision for Care of the Advanced Case.*

As the provision made for the treatment and care of these cases is wholly inadequate to the need, a vigorous campaign for proper provision for the care of these cases is essential. This is not a question of the survival of any institution, but a question involving the safety of the public health. These cases must be provided for; for the sake of humanity, for the protection of the public health. It is a question which cannot be dodged or evaded. The advanced dying consumptive must be provided for. This must be done in a humane way, humane to himself and to his family, i.e. in local institutions within easy reach of his relatives and friends.

A good large state hospital for the treatment and care of unfavorable, advanced cases located near the centers of population is an absolute and vital necessity. If the state cannot do this then it should pass a large enough appropriation to care for those in urgent need of treatment, in this way providing for the consumptive, and at the same time encouraging the establishment of local institutions for his care. This latter policy is the one recommended by the National Association as being the most economical and satisfactory one for the state to pursue. Only when we have such local hospitals, where the advanced unfavorable case can be isolated, the same as our cases of scarlet fever and diphtheria, shall we control tuberculosis. *The control of tuberculosis is largely a question of control of the tuberculous.* Give the favorable case every chance for cure or arrest of his disease, and educate and isolate the unfavorable, advanced consumptive in a local hospital or sanatorium. If we tackle the problem as it should be tackled, making the

fighting forces and their equipment commensurate with the size and importance of the enemy, we shall soon secure success in our efforts. If the provision is small, the day of victory is farther off, and the fight in the present all the harder and less encouraging. We, as physicians, should exert every legitimate influence at the next legislature to obtain adequate provision for these cases.

4. *Open-Air Schools.*

Of great value in the campaign would be the establishment of open-air schools in our cities. They are a necessity—not a luxury. Some facilities of this nature are necessary in Manchester, Nashua, Concord, and without doubt, some of the other larger cities.

5. *Provision for Crippled Tubercular Children.*

It is a disgrace to New Hampshire that there is no provision in the state for the treatment of crippled tubercular children. There should be such provision, and it could be gotten if the New Hampshire Medical Society and the people of New Hampshire made a vigorous campaign to secure it.

6. *Home Supervision.*

A comprehensive plan of home supervision, particularly in those cases unwilling to go to a sanatorium or hospital, would be a great help in the campaign.

7. *A Central Tuberculosis Commission or some state body, to direct the forces at work, carry out and extend home supervision, etc.,* is a necessity and we should make a vigorous effort to secure it.

I am aware of the fact that there are many problems which must be worked out in our campaign. The coming years may show that our present methods are crude and incomplete, but I believe we are working along the right lines. The attainment of the full aim in our campaign, i.e. the control and ultimate suppression of tuberculosis, means years of hard, persistent and perhaps, at the time, unappreciated work. It is apparent that the carrying out of these suggestions, if deemed feasible by the society and backed by the people, means a great expenditure of human effort and thought, as well as the outlay of large sums of public money.

However, it will be worth it all if we can in time stamp out this plague of all plagues. Human life is the most precious possession of all, and in the conservation of it dollars and cents must not be considered.

The time has gone by when we can place the blame on the Almighty for carrying off 200,000 of the people of the United States every year with consumption in the very prime of life. The Lord intended every one to live his allotted three score and ten. The Almighty sends tuberculosis to no man. It is man that passes it on to man. It is our duty and it is within our power to stamp out this disease—destroy this destroyer of the home, health, and happiness.

If the great danger and need were persistently and forcibly brought home to our people and our legislators I cannot but believe that the necessary equipment would be given. New Hampshire is not a rich state, but it can do its proportionate share and is willing to if its people and legislators can be convinced that we, as physicians, are in earnest in our campaign against the Great White Plague.

Original Articles.

THE PRACTICAL TREATMENT OF INEBRIETY IN A STATE INSTITUTION.*

BY IRWIN H. NEFF, M.D., NORFOLK, MASS.,

Superintendent, Norfolk State Hospital, Norfolk, Mass.

PREAMBLE.

THE futility of fine and prison sentence for habitual drunkenness is now generally recognized; the public, realizing the economic loss to the state from such measures, is becoming more insistent in the demand for the inauguration of some plan which will satisfactorily care for the increasing number of cases of drunkenness which are constantly appearing in our courts, or which voluntarily solicit treatment.

Any plan proposed for the care of such cases should recognize the characteristics and personality of the inebriate and consequently the need of distinctive care for such individuals. The modern treatment of inebriety demands the initiation of a widespread policy, a policy which must be sufficiently elastic to permit of its universal adoption.

The inebriate, dependent on the degree and intensity of the condition, demands a specialized treatment, which may be tentatively divided into two methods, namely, remedial and custodial. The employment of the first method demands minimum institution treatment and maximum out-patient care. The enactment of a plan for custodial care requires more prolonged institutional detention. Prior to the selection of the treatment for these two distinctive types, an accurate differentiation of the cases must be made. This diagnosis or individualization should be relegated to those who have specialized in the work.

Contrary to the general opinion, a well equipped hospital for the inebriate is so built and regulated that adequate provision is made for the care of the varied types. The requisites of such a hospital are now well recognized. The state care, which requires for its success a well defined plan, must include, first, a parent institution; second, a well organized out-patient department which must allow for extension as conditions demand; third, detention hospitals

* Read at the National Conference of Charities and Corrections, Baltimore, Maryland, May 14, 1915.