SANATORIA FROM WITHIN.

BY A PATIENT.¹

THERE are to-day nearly 600,000 persons in the British Isles suffering from pulmonary consumption and from other forms of tuberculosis. There is a hospital sanatorium and other suitable hygienic accommodation (nursing-homes, open-air bungalows, etc.) for, say, between 5,000 and 6,000 of these sufferers. These figures do not pretend to be other than merely rough and approximate.

In the absence of compulsory notification, accurate figures are impossible, but, broadly speaking, there may be suitable accommodation available for about 1 per cent. of the patients in the United Kingdom. Much medical and lay interest is now being manifested, somewhat tardily it must be confessed, in the prevention and cure of phthisis. And while eminent consultants, experts, and authorities are somewhat grandiloquently lecturing or publishing books about the conquest of consumption, it is just possible that in the interim of this flood of eloquence and cascade of statistics some little public service may be rendered by briefly and dispassionately considering sanatoria from *within*, from the sad and personal and—may be—unscientific, but, at any rate, intensely human point of view of the average lay consumptive patient, an “old hand” in the regiment of “lungers.”

Now, at the outset, one gratefully recognizes that there are many efficient and admirable sanatoria in the United Kingdom, many conscientious and able medical superintendents, and assistant resident medical officers, men who are fighting the white scourge with splendid energy, with superb skill and enthusiasm, and who are filled with a burning zeal to alleviate human suffering, and to succour the sorrowing afflicted.

It may possibly be conceded, however, that until lately we were not grappling with the actualities and with the potentialities of the

¹ Unsigned articles have hitherto not been allowed admission to this journal. An exception to this rule seems justified in the present case. The paper here printed anonymously was found among the documents left by a well-known public man who recently died from tuberculosis after a long fight to overcome the disease. The communication is of much interest and value as indicating the point of view of a gifted patient who had exceptional opportunities of forming, from personal experience, opinions regarding many matters connected with the problem of tuberculosis. The friends of the worker have considered it desirable that his name should not be published, as no explicit permission was left by the patient. We desire, however, to acknowledge our indebtedness to Mr. Ernest L. Walford for his kindness in rendering assistance in arranging for the publication of this important article in our pages.—EDITOR *B.J.T.*

dread disease quite as brilliantly in this country as were authorities in Germany and the United States.

After all, there has been only one Dr. Koch, whose demise patients the world over deplore. In this country there seems to have been considerable want of co-ordination and system in the methods of prophylaxis and treatment. Each sanatorium doctor does that which is right in his own eyes, and the spirit of co-operation, of solidarity, of a uniform and harmonious policy, is not always to be found. It has even occasionally happened (to the obvious detriment of the patients' interests) that the two, or more, sanatorium physicians have not seen eye to eye with one another, not only medically, but personally as well. A M. S., for instance, will avoid antipyretics, and his assistant will use them; each and every sanatorium doctor has his own definite views—not unseldom somewhat divergent from those of his colleagues—on graduated rest and exercise; the significance of auto-inoculation, diagnostic tests, super-alimentation, rectal *versus* oral thermometry, how to treat hæmoptysis (one will prop you up, and the other will lay you recumbent), mixed infections, specific therapy; opsonic indices, and especially on the question of dosage and interval in the administration of tuberculin. Each Tuberculosis Congress, Conference and Lecture seems more or less, if not too negative, at any rate largely to modify the results of previous years' and months' researches. Of course, this is but natural, seeing that our knowledge of tuberculosis is fluid, and this flux and reflux is greatly preferable to stagnation; but for the keen patient trying hard against odds to get well it occasionally means "confusion worse confounded," and sometimes leads to a certain mental chaos which may vitiate the efficiency of treatment and hamper the healing processes. There is a lack of harmony between the varying curative measures employed in different sanatoria (although there is, of course, a laudable identity of interest, and, it must be added, certain broad hygienic and dietetic principles seem necessarily common to all sanatoria).

Each specialist, moreover, differs from his brother-consultant, often on the very essentials of curative methods—especially on questions of immunity and climate—and a few days after not unseldom contradicts his own *obiter dicta*.

With regard to the general practitioner, one notices that, broadly speaking, cases are being "spotted" earlier than when the present writer first entered a sanatorium, two years ago. But the clinical history of at least 50 per cent. of the tuberculous patients one meets leads one to the conclusion that a special searching examination in the various manifestations of tuberculosis, and a definite period of study in a chest hospital or a sanatorium, should be a *sine qua non* for

a medical degree ; moreover, that the attendance at post-graduate courses on diseases of the respiratory organs constitutes for many practitioners a noteworthy desideratum.

Many cases one meets in sanatoria have apparently had their earlier symptoms sadly misread, their clinical histories gravely misinterpreted by the "family doctor" at some period or another. Suspicious, recurring "influenzas," and significant periodic colds and coughs, have been passed over and ignored—by both patient and doctor—until it is *too late*. "Too late" then is the trouble diagnosed, and these fate-fraught words pursue patients to the destined and inevitable end, dog them until a merciful death ensues. And that is one of the remoter reasons, perhaps, for the unpopularity of sanatoria among patients diagnosed as tuberculous when no longer in the earlier stages of the disease. To many it means the beginning of the end : *too late* has the "writing on the wall" been interpreted ; the stable-door has been securely barred and locked after the horse has already bolted ; and over the portals of the institution are seen, not the motto "Fight and Hope" (for there is no last stage in consumption), but the flaming words, "All hope abandon, ye who enter here." Beyond doubt, however, the profession and the public have alike been of late so powerfully stirred to a recognition of the gravity of the situation, that faulty and belated diagnosis will in a very few years be a thing of the past.

Patients and Doctor.

We now proceed to a consideration of certain factors which may tend to make sanatorium régime suspect with phthisical patients, so that, despite the disparity between the number of patients in these islands on the one hand, and the amount of suitable accommodation available on the other, some sanatoria are seldom quite full, and "waiting-lists" are the exception rather than the rule. I pass over the alleged depressing effect of isolation in the country. Any patient of average intelligence must realize that "back to Nature" is the first call he must answer if he wishes to get well ; though, of course, it may be quite possible successfully to carry out treatment in or near a town after a preliminary training course at a sanatorium.

The primary fault may lie with the resident medical officers, and not unseldom does. Very many, one gratefully admits, are splendid men and brilliant doctors—men who fully bear out Pottenger's weighty aphorism that the personality of the medical superintendent is often the only factor which stands between the life and death of the patient—men who are imbued both with the letter and with the spirit of sanatorium ideals as outlined or carried into practice by Walther, Dettweiler, Hermann Weber, Kingston Fowler, Latham,

Trudeau, Walters, Paterson, and others. Others, again, are excellent fellows and charming cheery companions, but they do not seem to trouble about keeping their knowledge up to date. Others are led to the work along the line of least resistance by having weak lungs themselves, and find their posts "soft billets," with exceptional opportunities for novels, golf, the "open road," pipe, gossip, and natural history—a good time—within limitations and in seclusion. However, it must be understood that the "arrested" tuberculous doctor is often, owing to his personal knowledge of consumption and ready, intuitive sympathy, a great asset to a sanatorium, and is much loved by his patients, for "a fellow feeling makes us wondrous kind."

But the type of medical superintendent which discredits both the man and his noble profession is the doctor who is harsh, autocratic, and despotic—the physician who thinks that his position entitles him to ride roughshod over the sensibilities of his patients, with a fine disregard at times for the most elementary principles of tact and kindness and refinement.

This type, moreover (which is rapidly dying out), seems to encourage, rather than to deprecate, the formation among patients of invidious cliques and sets. It follows as a natural corollary, from the temperament of this class of sanatorium physician, that in the few institutions where men of this type may be in charge, favouritism, partiality, and preferential treatment, are not infrequently to be met with. As a result of this bias, some patients are waited on "hand and foot," studied in every possible way, given every privilege, every liberty, and every advantage of diet, comfort, and attendance. They are for ever in the limelight; they monopolize the place and the staff, holding up the traffic of the institution. They become the pivot around the axis of which the sanatorium life turns, and moves, and has its being. While others, on the other hand, not so fortunate in gaining the goodwill of the potentate, if not neglected, are at any rate treated in a more or less mechanical, perfunctory, and off-hand manner, and are in receipt of what we may call the irreducible minimum of attention, and, so far as the "extra touch" of love and sympathy is concerned, that touch which may make all the difference between happiness and depression, especially to a febrile bed-patient, that, alas! is systematically denied them. Preferential treatment in sanatoria is, however, one is pleased to say, the exception, and *not* the rule. It would be sad indeed were it otherwise, for sickness levels all, and a sanatorium, of all places, is emphatically not the place for undue recognition of caste, position, and social status.

Others, again, tar all their patients medically with the same brush, and lack the sense of the "personal equation." New patients are

dropped haphazard into the strange and unaccustomed sea of sanatorium life, to sink or swim. They are mystified as well as ill when they come in, but nothing is adequately explained to them. They do not know "the ropes," and are left to shift for themselves. Often a kindly nurse or maid is the first anchorage. It would be well, perhaps, for some sanatoria physicians to realize that when a patient comes to a sanatorium for the first time he is often lamentably ignorant of elementary hygienic and dietetic principles. Why should sanatorium doctors presuppose any hygienic knowledge, however elementary, seeing that through ignorance of these principles patients have more often than not contracted the disease? Let doctors presuppose nothing in the first instance, except absolute lack of medical knowledge on the part of their patients. For many patients, blissful in an ignorance which scarcely does justice to their alleged intelligence, seem to be under an impression that when they enter a sanatorium and are placed under immediate and personal medical supervision they are forthwith whisked on to magic ground, that they cannot possibly "catch cold," that they can do no hygienic wrong. They regard themselves, as it were, in sanctuary, in a city of medical refuge, treading on consecrated ground. Their feet, they imagine, are immediately set upon "high places"—set firm upon the "royal road" which leads back to health. They are speedily disillusioned. It would be well for some patients to remember the old saying, "If I am not for myself, who is for me?" And if not now, when? Wise indeed was the laconic advice tendered me by a friend and fellow-patient when I entered a well-known sanatorium: "It is very good here, but of course *you must look after yourself* to a certain extent." On the other hand, the fact must not be overlooked that many eminent sanatorium doctors take nothing for granted, and from time to time—some publicly, others in the privacy of the bedroom—give their patients valuable little homilies on treatment and prophylaxis, explaining simply but fully curative methods, the importance of "rest hours," the significance of temperatures, the avoidance of infection, and the doctrine of auto-inoculation, thus helping on that affectionate, loyal, and harmonious co-operation between doctor and patient, without which sanatorium treatment may well become a snare and a delusion.

(It may be added that some sanatorium doctors refrain from discussing symptoms and treatment with their patients more than is absolutely necessary, on the ground that discussions of this nature induce hypochondria. Broadly speaking, however, this experience is negated by tactful and sympathetic medical superintendents, though it must readily be confessed that some introspective and morbid patients make a silly fetish of weight and temperature, and are a

bore both to doctors and their fellow-patients. The prognosis of such patients is almost invariably unfavourable.)

A consideration of occupation (graduated labour, intensive gardening, etc.) in some and of recreation in other sanatoria is beyond the scope of these fugitive notes, which are intended to deal with the point of view of the bed-patient rather than of the convalescent. Suffice to say that, in addition to walking, reading, and the "magazine club," croquet, clock-golf, and an occasional game of cards (not for money stakes), are popular in most sanatoria for paying patients. There is, of course, considerable ground for Bonney's apprehension lest some patients may in course of time degenerate into a condition of gossipy incompetence. However, a patient can never be really idle if he be busy trying to get well.

Patients and Nurses.

The question of adequate nursing and attendance in sanatoria is an important and complex one, though, of course, for the first-stage patient, whose temperature is normal, and who is up to all meals, it constitutes a matter of secondary, rather than of vital, importance. Sanatorium-trained nurses seem to be the great desideratum to-day—women with a special flair, a special keenness and intuition for pulmonary tuberculosis. More night-nurses, too, are wanted. As the result, moreover, of two years' residence in various sanatoria, I am somewhat in favour of a certain number of male nurses and attendants. These could look to the shelters, the reclining-chairs, the hot-water bottles, and the rugs and cushions of patients of both sexes—for there is much "fetching and carrying" in sanatoria which is decidedly too arduous for women nurses—and would, moreover, be of special value in blanket-bathing male patients put on absolute "typhoid" rest in bed, and in drying slightly febrile male patients who are allowed to go to the bath. They would also help with the sputum-flask and mugs. This plan obtains, I believe, within limitations in some sanatoria; it seems deserving, however, of a wider application. There is also a certain amount of "valeting" required, which the average slightly febrile tuberculous male patient is scarcely fit enough to do for himself, and is not always willing to request a much-worked nurse to do for him. It must not be overlooked that the apparently limited scope of nursing in sanatoria (it is not really limited) often prevents the better type of woman nurse—the nurse with a vocation—from entering these institutions. It would be disloyal, unchivalrous, ungracious and discourteous on the part of a patient who has received much personal kindness and sympathetic attention from individual nurses in various sanatoria, and who has spent many happy hours and

made many valued friends in these institutions unduly to labour this point.

It will, however, quite possibly be within the recollection, both of doctors and patients, that nurses are not entirely immune from the mental and psychological characteristics of their sex; that they are occasionally somewhat hysterical, wayward and capricious, unduly swayed at times by their emotions, and not always free, when under the influence of sentiment, from the suspicion of favouritism and the taint of partiality. All honour to a sanatorium in the nurses' staff-room of which I saw these words, among other rules: "Nurses must be attentive, considerate, and respectful to all patients, without regard to personal likes or dislikes, or to the social status of the patient."

It is a pity that some nurses seem to hold that the sanatorium was made for them, and not they for the sanatorium. On the whole, however, I am strongly inclined to believe that selfish and intractable patients are often very largely to blame when regrettable friction, not unseldom synonymous with petticoat government, exists in sanatoria—for the devil finds plenty of work for idle hands. It is only fair to say that due and tactful consideration on the part of patients for a hard-worked and zealous staff is always appreciated, and that a spirit of goodwill, conciliation, moderation, and forbearance nearly always bears goodly fruit in the end. With regard to the malicious intrigues, the petty spites, the sordid squabbles, and discreditable under-currents which are said occasionally to mar the efficiency and to sully the good name of sanatoria, "least said, soonest mended." An exhaustive discussion of, and inquiry into, these matters—though doubtless interesting to the student of psycho-physiology—would serve no useful purpose. On the other hand, it is futile to cry peace when there is no peace, and if, as has been suggested, big "draughts of happiness" in early pulmonary trouble would be likely to increase bodily resisting-power, and to re-establish the machinery of immunity, one may well ask whether tomb-like solitude—a silence which, like deep darkness, can be felt, broken only by the premature matutinal song of birds—an autocratic doctor, with a manner oscillating between abruptness and arrogance, self-important and self-assertive nurses, and supercilious fellow-patients (for upon the disposition of its patients, not less than upon the character of its staff, a sanatorium depends), are likely to help the recovery of a certain class of neurotic or hyper-sensitive patients, already rendered irritable and depressed by the absorption of toxic matter. It is hard enough for some to have to endure the knowledge and discomfort of severe disease, long, lonely, silent periods in bed, with acute pyrexia (accompanied, it may be, by severe constitutional disturbances); severance, perhaps, for a protracted period from relatives and friends; financial anxiety, often

inseparable from the sudden and unexpected dislocation of one's former business or profession, without having to put up, in addition, with an atmosphere of calculated, frigid, and unsympathetic aloofness, lacking entirely in spontaneous kindness and generous camaraderie.

I frankly acknowledge that I have painted the picture in, perhaps, unnecessarily sombre colours. But we have to deal with pessimists as well as with optimists in sanatorium. The ideal sanatorium, be it remembered, is a place of hope and gladness, not of tears and sorrow; and although I have seen much joy and heard much happy laughter in sanatoria, and, generally speaking, have found sanatorium patients—all things considered—very happy, rather than the reverse, I have also seen many tears shed, especially by lady patients during the first weeks of treatment. If, as some doctors tell us, the influence of mind over matter is very great, and the mystery of vital energy cannot be mathematically expressed in symbols of X and Y, then indeed we are led to assume that a congenial environment may play a large part in healing the lungs. All the more reason, therefore, to consider the "personal equation," to recognize that in view of vast divergencies and diversities in temperament as well as in constitution, each individual case must be treated absolutely on its own merits. And this further means discrimination in the choice of a sanatorium. Remembering, then, that no two cases are alike, the less "red tape" in sanatoria, in the treatment of tuberculosis and in the advice of specialists, the better. For you cannot cure pulmonary consumption by rule of thumb. And in view of the fact that a preliminary educational course in sanatorium discipline, treatment, and routine is not only an essential and indispensable curative factor for all tuberculous patients, but also a prophylactic against spread of infection, sanatoria must attract, and not repulse, patients. Patients want to get well. They know that if *they* do not take the disease seriously, the disease will take *them* seriously. They are eminently malleable and plastic in the hands of doctors, sisters, and nurses whom they can respect and look up to. Let us clear our minds of cant and realize that it devolves upon the specialists of the kingdom to put their houses in order; to accept a certain measure of personal responsibility for the efficiency of the sanatoria to which they daily recommend patients, and for the well-being, comfort, and happiness of these patients. Sanatoria can, in the fight against tuberculosis, be likened to Lord Kitchener's block-houses in the South African War. If the fight is to succeed, they must be efficient, even as were the block-houses. Let specialists remember, too, that the flamboyant sanatorium is not always the best; that many good sanatoria hide their light under a bushel. Good doctors—men who will hold the scales fairly and faithfully, men who have the courage of their con-

victions, and no axes to grind—good nurses, good food and plenty of it (not “forced feeding,” which is apparently valueless except in early cases with unimpaired digestion), good accommodation, good air, good drains—these and sympathetic words and kind hearts are the chief desiderata, added to ample bacteriological resources, and an enthusiastic recognition that vaccine-therapy, though still in its experimental stage, dare not be overlooked as possibly constituting the panacea of the future, even if with our present limited knowledge it only be the palliative of to-day. For, with increased comprehension of dosage, interment and method of administration, the adjustment of to-day may well become the specific of to-morrow. Happily we have many such sanatoria in our midst. Perhaps, if needs be, the State must further bestir itself; must intervene and see to it that the ideals and principles of the great pioneers of sanatorium treatment are adequately carried out in every instance; that some existing sanatoria are tuned up to a higher note of therapeutic efficiency, to the end that consumption may ultimately be stamped out, and to the undying honour and unfading glory of a great and noble profession.

THE ANTI-TUBERCULOSIS MOVEMENT IN WALES.

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FOR many years past Wales has suffered severely from consumption in all its forms, and particularly as regards phthisis—pulmonary tuberculosis—which has exacted a heavy toll in the Principality, and is the blackest spot in Great Britain from this disease. The statistics of the Registrar-General bear striking testimony to the ravages of this disease in Wales. The following table is taken from the Seventy-Second Annual Report of the Registrar-General for the year 1909. It will be seen that among the counties enumerated containing populations above 100,000 the highest uncorrected death-rates from tuberculosis in 1909 were 1,861 in Northumberland, 2,099 in Carnarvonshire, and 2,115 in Carmarthenshire.