SHOULD THE TUBERCULOUS PATIENT KNOW THE TRUTH REGARDING HIS CONDITION?*

C. P. AMBLER, M.D.
ASHEVILLE, N. C.

All physicians who practice at health resorts frequented by patients suffering from pulmonary tuberculosis find that comparatively few of these patients have any conception of their real condition, and in the rarest instances have they been carefully instructed as to the necessities for recovery.

The profession generally seems to be of the opinion that tuberculous patients should not be told the nature of their trouble, but the average tuberculous patient generally finds out the true nature of his disease, and when he does he loses faith in his physicians, and frequently, very justly, will censure them for not telling him the truth.

How is it possible to get the coöperation of the patient; to have him use care in the disposal of expectoration; to avoid violence and over-exertion in exercise, and many other things so important in the detail management of the case, if he does not even know that he has a serious trouble with which to deal?

The truth may depress him; probably it will for a short time, but it will not do him near the harm that his ignorance will result in, if he does not appreciate his condition. Every state and municipality is awaking to the danger of infection from the dried sputum of tuberculous patients. Our journals are full of papers advocating antispitting ordinances, institutions for the tuberculous poor and other safeguards intended to protect the public. But why, pray, should we have ordinances and legislation unless the patient is always to know the truth? Legislation we need, but we first need more candor on the part of the physicians.

Formerly a diagnosis was only made in the advanced cases. The patients all promptly died. Result: the laity watched these cases and observed, "they all die." But little idea was ever entertained in those days of the danger to others. We, as physicians, by our tardy diagnosis, have educated the public to the belief that the disease is uniformly fatal.

It is the duty of the physician to explain to the patient the dangers to himself and to others; to point out where he is most apt to make mistakes; to give explicit directions regarding his hygienic life, including diet, exercise, work, physical or mental application, secretion and excretion, sexual relation, and in fact, to go fully into the whole question of the hygienic life. Such instruction on the part of the physician is much more important than the prescribing of drugs with an idea of "cure" in this disease. These instructions and directions should apply to the incipient as well as the advanced cases. To get the coöperation of an incipient case (and his coöperation is of the most vital importance) he must know the truth.

The patient should thoroughly understand the possibilities of communicating the disease to others, and also that he can infect sound tissues in his own lung if he is not careful in following directions for disposal of expectoration. How can we expect care on his part if he does not understand the danger, both to himself and his friends? Many will use care on account of their friends, and others more selfish can only be appealed

to with good effect when they realize that they endanger themselves.

The laws of health demand that the patient fully realize the danger to self and others.

Appeal to the patient on the ground that it is unkind to his friends not to make every effort to protect them. If this plan had been followed more in the past the disease would not be so common to-day.

If tuberculosis produced the rapid disfigurement and distress that many of our acute diseases do, or was the active developing disease that smallpox is, we would have quarantined against it long ago. Its slow development makes it hard for the laity to realize that danger exists. Quarantine is unnecessary in tuberculosis, provided the patient is properly instructed and these instructions carried out. The whole country is awaking to the fact that something must be done. We, as physicians, should realize that one-sixth of our death rate each year is caused by tuberculosis; in other words, one-sixth of those who die this coming year in this country will die of this disease. Those who die from tuberculosis the two years following this, in the great majority, already have the disease in an incipient form. It is to their interest to know the truth to-day. It is to the interest of the general public that they know it; that they are fully instructed and cautioned. They consult us for this purpose; it becomes our duty to determine their condition early and so inform them. We have a duty to the other members of a family as well as the patient. Can the state house this great army of patients? Can we quarantine them if we would? No. How can we, as physicians, prohibit the infection of others? By educating the people to their danger and instructing the patient as to his duty.

Is there any way in which the necessary hygienic measures can be secured without the coöperation of the patient? Can we ever get his coöperation unless we tell him that he has a tuberculous disease?

The patient comes to us for the truth. It is our duty to show him that the disease is not the fatal disease that the public have imagined, if instructions be followed. Every physician should keep at hand printed matter, instructions or directions, to put into the hands of the tuberculous patients.

We have for years told our patients that this disease is like unto a fire in a house. If you get after the fire when the match is struck it is easy to put out; let it burn until one whole room is on fire and you have a much more difficult undertaking; let it burn until the house is on fire from garret to cellar and it is sure to burn up.

For the protection of our neighbors, as well as our own property, we all handle fire with care. If a friend's house is on fire would you tell him? A thousand times more important is it to tell him when we find that he is infected with tuberculosis; here the greatest possession he has on earth is at stake. The sooner he knows it the better.

By telling the patient the truth, we may occasionally shorten the days of a few, but in the long run will save the lives of many hundred by following this policy. Our surgeons operate to save life, even when grave danger exists by such an operation to the patient. If our tuberculous patients are not told the truth, the danger is not only to the patient, but to all his friends included.

It is an unpleasant duty to perform, but one from which no physician should shrink; and especially should patients never be sent away from home without knowing their true condition.

* Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Practice of Medicine, and approved for publication by the Executive Committee: Drs. J. M. Anders, Frank A. Jones and W. E. Thayer.

How frequently are we consulted by some poor soul who had left home and arrived at the resort suffering, as he says, from a "slight throat trouble"; arrived may be in the beginning, and, perhaps, well advanced in pulmonary or laryngeal tuberculosis; without money, expecting to procure work to pay for his board and keep; arriving under the fond delusion that by climatic influence his trouble will soon disappear; with no conception of the necessities for recovery; no knowledge of the gravity of his disease; in many instances his chances were a thousandfold better at home among his friends, had he been told the truth, given explicit instructions, given less medicine and more time by his physician.

The tuberculosis patient who does not know his true condition rarely improves. As his case progresses he becomes discouraged and loses confidence in his medical advisers, thinking they do not understand his case. Can he be blamed?

On the other hand, the patient who is told the truth may temporarily be depressed, but he quickly responds and enters heart and soul into the fight before him. Rarely indeed do we find a patient who has been properly instructed and handled (without misrepresentation) who does not look forward to recovery. Phthisical patients are, as a rule, hopeful. Not so the patient who does not know what is the matter.

Intelligent pulmonary patients sent away from home without being told the truth frequently, from observation alone, find out their condition. When they make this discovery themselves it creates distrust of the physician at home and places the physician at the resort in an embarrassing position, where the truth from him now will reflect on the physician who may have referred the patient to him; or, he likewise must misrepresent the facts to the patient with the result that later he will be censured, with the home physician, for "not finding out what the trouble was."

True, there are exceptional cases where the patient is accompanied by the parent or some one who can control him, when the whole truth need not be given to the patient, but these cases are extremely rare. We have in the past relied too much upon drugs; we have been too free with our prescriptions and too careless in our instructions. If we would give the patients more of our time and less of our dope it would be better for the patient. The good results obtained from institution treatment of this disease are dependent, in a great measure, on the fact that the patients know their condition and are under constant supervision and instruction.

For the good of our tuberculous patients; for the protection of their friends and the public generally; for the protection of ourselves, both physically and from censure, let us fully inform our tuberculous patients as to their disease, and when so informed take the time to properly instruct them what to do and what to avoid.

To secure the proper position of the profession requires its unification, and unification can only be brought about by efficient organization, which, in turn, must be preceded by the enrolling of those who are to be organized. It ought to be made very clear that the man who, being legally admitted to practice medicine, does not unite with the local society places himself in the same relation to the medical profession that a bushwhacker does to an army. That man who manifests no interest in his profession will, in the last analysis, be very apt to forget the proprieties to be exercised toward the individual physician with whom he may come in contact.—Editorial, *Lekhigh Valley Medical Magazine*, June, 1895.

THE INFLUENCE OF CONSANGUINITY ON THE ORGANS OF SPECIAL SENSE.*

LEE WALLACE DEAN, M.S., M.D.

IOWA CITY.

In treating this subject I have found that I am compelled to confine myself almost entirely to the eye. It presents to us such possibilities for exact investigation that the results secured overshadow those gained from a study of the other organs of special sense.

We have here blood vessels and a nerve with its end organ exposed to view. We can look on mesoblastic and epiblastic tissue. We can observe embryonic conditions if they exist. With the exception of the nervous system, more degenerate conditions are found in the eye than in any other part of the body. As most of the deleterious results of consanguinity are degenerative conditions, we ought to expect this to be a good field for research. You will readily observe that this paper is not a complete treatise on this subject. It has been almost impossible to find literature relating to it. I can only give to you the results of three years of observation of cases and study of them.

It is entirely unnecessary to go into the question as to the influence of consanguinity on organism as a whole. Talbot very nicely answers this question when he says that if the parent stock is perfectly pure there can be no bad results from consanguineous marriage. But if the parent stock is not pure there may be serious consequences. It is so rare to-day to find a perfect parent stock. An apparently perfect stock may not be so because hereditary influences may be quiescent for generation after generation, as is shown by atavism. In order to bring before you the practical side of this subject and its economic importance, I wish to cite some cases. All cases where the name of the observer is not mentioned are cases that have come under my own observation unsolicited in the short space of three years. Some of these cases were reported to the American Academy of Ophthalmology and Rhinology.

CASE 1.—Male, age 17. Parents, grandparents, uncles and aunts had no serious eye trouble or degenerate stigmata. Parents were bright, well-to-do people. He has three sisters, Bessie, age 15, who is partially blind; Effie, age 9, whose vision is good, and Grace, age 4, who is blind. He has three cousins, one boy and two girls, all in the same family. Of these, Louis, age 16, is almost blind; Oran, age 19, can not count fingers, and the girl, age 13, seems to have unimpaired vision. The trouble in each case was retinitis pigmentosa. The fathers of the two families were brothers and the mothers sisters, and the fathers were cousins of the mothers. As the result of these two marriages we have in one family four children, three of whom are partially blind, and in the other family three, two of whom are practically blind.

CASE 2.—Female, age 14. Father and mother have brown hair. Parents were related. There is no history of malformation or other degenerate stigmata in the family. The girl is very large, but weak; she is not intelligent. Her hair is white; iris is a light blue. Examination of eyes revealed nystagmus, V.=6/24. Fundi without pigment. Diagnosis, albinism.

CASE 3.—Female, age 16. Parents second cousins. Patient's teeth were imperfect. She had but three upper incisors, one root germ not having developed. An examination of eyes revealed V.=fingers in 2 M. Her eyes are so small that she has to hold her lids open with her fingers in order to see. On the right side there is a congenital absence of the iris. In the left eye the cornea is elliptical, being 3 mm. wide in a

* Read at the Fifty-fourth Annual Session of the American Medical Association, in the Section on Pathology and Physiology, and approved for publication by the Executive Committee: Drs. L. Hektoen, F. B. Wynn and W. S. Hall.