

ing under the diaphragm and originating most often in a perforating gastric ulcer. Those sometimes give no local symptoms. Temperature chills and leucocytosis may show us that there is pus somewhere, but give no idea where it is. Then there are the recognized cases of empyema following pneumonia. It has been well said that the vast majority of cases of unresolved pneumonia are really empyema.<sup>2</sup> I believe the number of cases of unresolved pneumonia is very small. I have seen them in post-mortem, but the vast majority of pneumonia cases that last more than ten days are empyema unrecognized. In these cases exploratory puncture ought to set us right, but I believe the diagnosis of empyema should never be excluded unless the chest has been opened, a rib removed and a thorough exploration made.

The continued fevers connected with the heart are often overlooked because they do not often give rise to any marked cardiac symptoms. The patient does not complain of his heart; he has heart murmurs and high leucocyte count, but he runs a simple fever often exactly like a typhoid and does not seem very sick. I think the term "malignant endocarditis" is responsible for wrong diagnosis in many cases. Endocarditis is pretty bad anyway, and if it is "malignant endocarditis" we think the patient must be very sick, yet many of them are not very sick. They are bright, feel well, eat well, sleep well, and you can't help believing that they must have some less serious disease with some less bad-sounding name; yet they will go on for weeks with nothing but a simple fever and finally die of exhaustion. In the diagnosis of these cases we depend on the presence of murmurs in the heart, the shifting of those murmurs from time to time, and the continuous presence of a high leucocyte count, which would not be present in typhoid, nor in uncomplicated tuberculosis.

In conclusion, then, summing up what I have said, I think it is important to realize the fact implied in my title, that there are but three common, long, continued fevers of this vicinity. Second, that these fevers, though often confused with each other and so unrecognized, can be recognized in the vast majority of cases provided we think of them at all and look for them carefully by the ordinary methods of physical diagnosis.

#### DISCUSSION.

Discussion of Dr. R. C. Cabot's paper opened by Dr. WILLIAM T. SMITH, Hanover.

We are all of us under obligation to Dr. Cabot for his very clear work on diagnosis, and he has added very much to that to-day, to my mind, by this discussion.

It is very gratifying to me to hear what he has said about fevers, for I have always felt that this was about as mystifying a portion of the ground that we are on as any. I think we have all found in our own experience many cases which we are unable to diagnose, and we have found many cases — all of us, undoubtedly — of wrong diagnosis between these different fevers, and where the names that he has suggested have been applied without any rational ground. I wish that what he has told us to-day might be incorporated in our text-

books. The trouble, of course, with the textbooks is that they undertake to cover the whole ground for all parts of the country, and the medical student in studying about fevers takes them all in as about on the same plane, and when he comes to apply what he has learned he is very apt to apply a name for a disease which is found only in the tropics to a condition which he finds in New England. It seems to me that what Dr. Cabot said about the limited number of continued fevers is perfectly true, and that we ought to recognize that fact, that it ought to be impressed on the minds of young men beginning practice.

Another thing that this paper makes me wish is that we might have blood examinations done free of charge by the state laboratory. Now our state laboratory is entirely capable of doing that work and does that work constantly, but it has to be paid for, and the result of that is that in many cases where the patient is poor and is not able to pay the fee, the blood examination is neglected where it ought to be made, where it would clear up without any further trouble the diagnosis. That is the practical point which I shall carry in my mind until we secure for ourselves at public expense the opportunity of having the blood of our patients examined at any time.

### THE ORGANIZATION OF TUBERCULOSIS CLASSES.\*

BY JOSEPH H. PRATT, M.D., BOSTON.

THE Emmanuel Church Tuberculosis Class was organized July 1, 1905. Since that time fifty-four consumptives have been members of the class. Seventeen have already recovered and returned to work. The disease has been arrested in 75% of the incipient and moderately advanced cases. The first three members who joined the class within a few weeks of its formation have been at work over a year. Although they had advanced tuberculosis the disease became entirely arrested, and they were restored to their full working capacity.

A description of the class method of treating pulmonary tuberculosis will appear in the next volume of the Transactions of the National Association for the Study and Prevention of Tuberculosis.

Three additional tuberculosis classes have been formed in Boston. The Suburban Tuberculosis Class was started by Dr. John B. Hawes in January, 1906. It was designed for patients who lived too far from the city to be visited by the nurse of the Emmanuel Church Class. The Arlington Street Church Tuberculosis Class is under the charge of Dr. N. K. Wood. It has been in existence over a year. Recently a class intended for principally Jewish patients was started by Dr. H. Linenthal and Dr. L. Mendelsohn of the Mt. Sinai Dispensary. A friendly visitor was selected who could speak Yiddish. The Cambridge Tuberculosis Class was organized by the Cambridge Anti-Tuberculosis Society in 1906. About six months ago classes were started in New York, Philadelphia and Baltimore, and more recently in Lynn and Brockton. Steps have been taken to form classes in Washington, Pittsburg, Troy and Los Angeles.

\* Read before The Massachusetts Medical Society, June 11, 1907.

<sup>2</sup> See articles by Vickery in *BOST. MED. AND SURG. JOUR.*, 1907.

There are several advantages of the class method of home treatment over sanatorium treatment. It is more economical. There is no expensive plant to be erected and maintained. The money appropriated can be at once utilized for the care of consumptives. If the patient regains his health in his own climate and in his own home it is easier for him to keep up the hygienic life after he has returned to work. With a class of small size the physician and nurse can give more attention to the individual patients than is possible in most sanatoria. Early cases in other members of the family are more readily detected. The educational effect on the patient's friends and neighbors is greater.

The disadvantages are equally apparent. It is easier to secure the necessary control so essential to successful treatment in a sanatorium where the patients are always under the eye of the directing physician and the nurse. Better food and better care can usually be given a poor patient in a well managed sanatorium than in his own home.

In organizing a class the first task is to secure its adequate financial support. The Rev. Dr. Worcester of Emmanuel Church has raised about \$1,000.00 a year for our class. This has been obtained by Sunday collections and by individual gifts. The first grant of \$500.00 was obtained from a fund known as the Parish purse which is placed at the disposal of the rector. Facilities for leading the out-of-door life, such as tents, reclining chairs and blankets have been provided and medical care and the services of a paid nurse furnished.

We have not attempted to treat homeless and destitute consumptives. Some of our members have been aided by small allowances, and in a few instances board and room rent have been paid. It has been a constant aim to place the responsibility of the support of our members on their own families. Our work could have been made more efficient, not so much by increasing our membership as by increasing the financial aid to some of our poorer members during the period after recovery while suitable work was being sought. One of our class to whom we made an allowance of \$1.00 a week and who also received \$2.00 weekly for a short time from a Jewish charity was so pressed for money that he was forced to pawn his watch and his wife's wedding ring. Knowing the small amount of money in our treasury he took this step rather than apply to us for more aid. A graduate with no resources and a child dependent upon her was forced to accept a situation as waitress in a restaurant where the hours of work were from five in the morning until ten in the evening.

Dr. F. T. Fulton secured the necessary funds for starting the Providence Class from the Social Service Club of the Central Congregational Church of that city. He arranged for a representative of the Emmanuel Church Tuberculosis Class to give an account of the class method and the results obtained at the church. A series of lantern slides was shown and charts and records kept by the

members of the class were exhibited. After this demonstration the club voted to appropriate \$500.00 for the work.

A Boston woman, not connected with Emmanuel Church, became interested in the movement and arranged a small home meeting to which four of her friends were invited. After the method of work had been explained these five ladies subscribed \$500.00 for the formation of a new class, the success of which in the hands of Dr. N. K. Wood was such that at the end of six months the Arlington Street Church was willing to assume the maintenance of the class. Dr. J. B. Hawes secured both money and volunteer visitors for the Suburban Tuberculosis Class by publishing an appeal in the Boston *Transcript*. Ex-Governor Douglas announced the day after the formation of the Brockton Tuberculosis Class that he would finance the enterprise and gave at the same time \$1,000.00. The establishment of the Mt. Sinai Tuberculosis Class was made possible by Mr. N. L. Amster's gift of \$500.00 for this purpose.

A young woman in New York raised among her friends sufficient money to start the first tuberculosis class in that city. It has already done a remarkable work. The director, Dr. W. L. Niles, has demonstrated that tuberculosis can be successfully treated by the class method under unfavorable conditions in the crowded sections of New York City. Dr. David Riesman's class in Philadelphia has been supported by one gentleman whom he interested in the movement. The expenses of the Baltimore class have been largely borne by Dr. Dencker, who in addition has given his entire time to the work. In Lynn circulars calling attention to the class method were sent out and by this means sufficient money was obtained to start a class. In Troy a society for the home treatment of tuberculosis was established under the patronage of influential men. Many people became interested, so that \$1,200.00 have already been secured by five and ten dollar subscriptions. A copy of the circular issued by this organization will be found at the end of this paper.

These facts are presented to point out the various ways in which classes may be supported.

The co-operation of all the local charitable, religious and fraternal organizations should be secured. Although in a large city such as Boston a class may be maintained by a single church, it will be the better plan in most instances to have the work started under the auspices of some organization that can look for support to the entire community.

Failure will certainly result unless the services of a physician and friendly visitor are secured who are familiar with every detail of the modern treatment of consumption. Our work would have been impossible if we had not had from the beginning the services of a paid friendly visitor. She was expected to devote half of each day to the work. As a matter of fact our friendly visitor, Mrs. Oron, has frequently insisted on working many additional hours. Our success has been chiefly due to her tireless devotion. I

recently learned that she called daily for two weeks on one patient before she could induce him to sleep out of doors. He was an ignorant man and his friends and relatives warned him that death would surely follow if he made the attempt, as it was mid-winter. He has been sleeping in the fresh air for over a year and has not only gained the sixty pounds he had lost but the disease has been arrested and he has returned to work.

It is not necessary that the friendly visitor should be a trained nurse. Constitutional energy, tact and sympathy are the essentials. There have been several notable instances in which the work of the friendly visitor has been most successfully carried out by young women who have had no hospital training. Volunteer visitors can be of great assistance. We have had two volunteers who, working with the friendly visitor, have rendered efficient service in the solution of the social and financial problems. The social aspects need to be studied. They are quite distinct from the medical side. Students of sociology should join heartily with medical men in this work. The medical direction should be in the hands of one physician. He should be paid a salary sufficient to enable him to devote a fair portion of his time to the class and make a special study of the disease he is called upon to treat. A few weeks spent at Saranac or at the Phipps Institute in Philadelphia would be invaluable. Those in charge of the Boston classes will be glad to give instruction in the class method. It has been found that the tuberculosis classes have furnished an excellent opportunity for the physicians connected with them to acquire a good clinical knowledge of pulmonary tuberculosis.

Much depends on the selection of cases. The fact that all of our 9 incipient cases have recovered while 7 of the 10 far advanced cases have died indicates the value of early diagnosis and prompt treatment. Treatment is never begun too early; it is often begun too late. For the reason that the disease may be so insidious in its development and because recovery is not only more sure but more rapid when the patient is at rest, we have insisted that all of our patients should cease their work and devote themselves entirely to the task of getting well.

The present wave of optimism in regard to the treatment of consumption has its dangers. Many physicians make the fatal mistake of minimizing the seriousness of the disease in its early stages to both themselves and their patients. I am often asked by physicians to treat in our tuberculosis class consumptives "who are not sick enough to give up their work" or "who cannot afford to stop working." I am glad of this opportunity of pointing out to the members of The Massachusetts Medical Society their great responsibility in this matter. To let a man continue at work after the diagnosis of active pulmonary tuberculosis has been made is as foolish as it would be to let a fire burn unchecked until it became serious before calling the fire department. Doctors and social workers frequently speak of their inability to persuade con-

sumptives to leave their work and take the rest treatment. This failure is usually due in the first place to the consumptive's ignorance of his true condition and, secondly, to his lack of financial resources. We have overcome these obstacles by telling him the truth and by promising that if he will join the class, keep absolutely quiet, sleep out of doors and follow our guidance in all things we will see that the ways and means are furnished.

When a suspected case is submitted to us a definite diagnosis is always made before treatment is instituted. If tubercle bacilli cannot be demonstrated in the sputum, the tuberculin test is tried. I have seen no harm result from tuberculin in the hundred or more cases in which I have used it. The initial dose I employed is  $\frac{1}{10}$  of a mgm. If there is no reaction a second injection of 1 mgm. is given, and if necessary a third test with 10 mgm. is made. The details of preparing the dilutions will be found in the recent paper of my associates, Dr. Hawes and Dr. Floyd.<sup>1</sup> After the diagnosis has been made the patient is told that he has consumption, and if unwilling to heed our advice the seriousness of the disease is impressed upon him. In the old days, I have frequently overheard a conversation somewhat as follows between the hospital externe and a patient in whose sputum tubercle bacilli had just been discovered. "We find a little trouble in your lungs," began the doctor speaking rather hesitatingly, "I don't suppose you could give up your work for a few weeks and go to the Rutland Sanatorium, could you?" "No," said the patient, "I have a family to support and no money." "That is too bad," said the doctor, "it would be better if you could stop work and go to Rutland, but as you cannot do that be sure and stay out of doors all you can, eat plenty of food, take this medicine for your cough and come back and see me in two weeks."

I never saw cures produced by this method, and my experience accords with that of my colleagues.

Since the tuberculosis class was established I cannot recall a single instance in which we have failed to induce a man of fair intelligence and good habits to stop work and to take the treatment. If a man tells me he has a wife and children dependent upon his weekly earnings and no money on hand I advise him to explain the situation to his relatives. Often there is a brother-in-law who is earning fair wages. I try to impress the following facts upon the sick man: the disease has its clutches upon him. Soon his strength will begin to fail and within a few months in all probability he will be too ill and weak to work. Then he will tax the resources of his family to the utmost. Often some one who might be earning money must remain at home to care for him. In addition to the expenses of his illness there is the increased financial burden attending death and burial. After the breadwinner is dead, provision must be made for the wife and children, not for months but for years. It is cheaper for the consumptive to get

<sup>1</sup> BOST. MED. AND SURG. JOUR., 1907, clvi, p. 604.

well than to die. This plain speaking may seem brutal, but it is often the means of saving life. It is a line of argument that rarely fails with the relatives. If they refuse to loan money, we have been able to secure from other sources the necessary funds to enable the patient to take the treatment.

In Oxford, Providence and Brockton several large manufacturers have provided free treatment in sanatoria and at home for consumptives in their employ. Dr. F. T. Fulton, of Providence, has found that those men who began treatment before constitutional symptoms had developed were able to return to work within a few months. Among these there has been thus far no recurrence of the disease.

Our greatest need in the Emmanuel Church Tuberculosis Class is provision for the exceptional cases who need prolonged financial aid, and for the after-care of our graduates. Many difficulties, financial and sociological, are presenting themselves. The medical problems have been largely solved. Much could be accomplished by giving a small allowance to the individuals in whom the disease has been arrested while they are seeking suitable employment. In Bardswell's valuable monograph on the Consumptive Working Man will be found the report of an after-care committee, as it is called, which was organized by the Kelling Sanatorium at Holt, Norfolk. This committee sent a printed leaflet to employers of labor, a copy of which will be found appended to this paper. There is urgent need that similar committees be formed in this country. In England employment was furnished chiefly by people with gardens and by farmers. Light work indoors is better for a consumptive with arrested disease than heavy work out of doors. If obliged to spend the day in-doors the individual with arrested disease should not fail to sleep in the open air.

The establishment of a loan fund for the benefit of individuals of good character in the curable stage of the disease would be of great economic and philanthropic value. The administration of such a fund might be quite independent from that of the tuberculosis class. In some cases the issue between life and death depends upon whether or not there is an available fund of a few dollars a week. Our patients are of entirely different type from those familiar to charity workers. In the majority of cases the disease had been the indirect result of over-work. They are thrifty and are able to live quite comfortably on little money. The fact that they carry out the class treatment faithfully for weeks and months indicates that they have perseverance. If such a fund is established loans should be made only after the needs of a case have been most carefully investigated. As only a limited number of cases can be helped at first preference should be given to those who can be most quickly and surely returned to the ranks of breadwinners. Patients who have used alcohol to excess should be viewed with suspicion. An intemperate man under our care who made speedy and marked improvement

went on a debauch with the first money he earned after returning to work. Experience with young married women is also disappointing, for the reason that pregnancy and child-birth are so apt to be associated with a lighting-up of the disease.

If there are children in the family and the resources are scanty it is well to find temporary homes for them in the country, especially if the mother is tuberculous. In this work we have been greatly aided by the Children's Mission. Not only does the removal of children lessen the difficulties of caring for the family, but it often saves the children from becoming victims of the disease. We found unsuspected cases of tuberculosis among the children in no less than twenty per cent of the families represented in the class at the present time.

Attention should be called to the establishment in New York of a special employment bureau for the handicapped.<sup>2</sup>

If after-care committees be formed in connection with our tuberculosis classes it is probable they would proceed on somewhat similar lines. An effort should be made to interest the employers of labor in this work. The positions of watchmen or care-takers should be specially sought for our graduates. Honest, sober and reliable men could be furnished.

Most of our graduates have been able to return to their former employment, and yet maintain their health. If arrest is secured in advanced cases only light work under favorable conditions should be attempted. It is even more difficult to secure suitable work for women than for men.

A specific instance of the difficulties that confront us may be given. In November, 1906, a type-setter entered the class with incipient phthisis. He owned a little property in England, and although he earned fair wages had saved no money. His wife was a nervous invalid, unable to take boarders, and there were two children to be cared for. We turned to Mr. A. M. Wilson, the efficient secretary of the Boston Society for the Relief and Control of Tuberculosis, and he was able to obtain a weekly loan of \$10.00 for a period of about two months. The property in England was not regarded as good security, and he was unable to dispose of it. After this relief failed a lady in the Emmanuel Parish loaned the same amount weekly for four months longer. The disease in the lungs became completely arrested. About six weeks ago, just as he was on the point of returning to work, symptoms of tuberculosis of the spine developed. For nearly a month he received free treatment in the wards and convalescent home of the Massachusetts General Hospital. Last week we were told by the orthopedic surgeon to whom we referred the case that an apparatus to hold the spine immobile must be worn for three months more. The outlook for complete recovery is good. He feels well and strong, but so long as he is obliged to wear the plaster cast he will be unable to do his work as a "job compositor." The printing firm for whom he worked has held

<sup>2</sup>See the interesting paper by T. C. Janeway and C. C. Carstens in *Charities*, Feb. 3, 1906.

a place for him. What shall be done in this case? There is the rent to be paid and the family to be fed. At the last meeting of the class the friendly visitor reported that there was no food in the house and he had to borrow a nickel for his car fare from a neighbor. I am glad to report that he received this week \$10.00 from the class fund. Only temporary aid can be furnished from this source. Inasmuch as the total amount of money at our disposal is not over \$20.00 a week it can readily be seen that we cannot pay out \$10.00 weekly to one individual for any length of time. What better memorial for a relative or friend could there be than the establishment of a loan fund for cases such as this?

To show what can be done with a small amount of money the case of a young seamstress may be cited. She consulted a physician in the spring of 1906 on account of a cough. He found tubercle bacilli in her sputum and referred her to our class. She had only \$50.00, and her parents who lived in Nova Scotia were too poor to help her. She was boarding with a friend who charged her only \$2.50 a week. We gave her this amount weekly for four months and loaned her a tent and reclining chair. She enjoyed the privileges of the Parker Hill Day Sanatorium where lunches and a good dinner were furnished free. She entirely recovered and returned to her home in Nova Scotia for the winter. She writes that she has been perfectly well since graduating from the class and expects to return to work soon. Who can doubt that the loan of \$40.00 saved her life?

The social and economic aspects of this movement are assuming increasing importance. Is it not possible that in the practical work of the tuberculosis crusade the sociological and medical departments of our universities may combine? The churches with their organized forces might furnish great aid if they were awake to their opportunity.

Although it has been demonstrated that the class method furnishes an economical and efficient means of treating tuberculosis in the homes of the poor, three important points should be borne in mind if the tuberculosis classes are to be successful. First, they should be directed by physicians familiar with the details of the modern treatment, and the right women should be selected for the position of friendly visitor. Second, there should be adequate funds for the support of the class. Third, every physician in the community should learn to recognize the disease in its early stages and to refer the cases for treatment without delay.

#### APPENDIX.

COPY OF THE CIRCULAR ISSUED BY THE AFTER-CARE COMMITTEE OF THE KELLING SANATORIUM.

*To Employers of Labor and Others Interested in the Working Class Consumptive:*

It is felt that it should be more generally recognized that, in dealing with consumption, sanatorium treatment is only the first step.

Of suitable cases, treated at a sufficiently early stage, a large proportion are discharged fit for work, but if the good gained at the sanatorium is to be maintained

it is essential that the patient should, on leaving, be able to go to suitable employment in suitable surroundings.

The Committee of the Kelling Open-Air Sanatorium, feeling the vital importance of this side of the work, have appointed a special sub-committee called the After-Care Committee, who consider the future of each of the sanatorium patients, and where necessary endeavour to obtain suitable work for him when he leaves such employment and surroundings.

Work is provided for a certain number at the sanatorium itself, but as it is impossible to provide in this way for more than a very small fraction of those discharged; the committee now venture to appeal to employers of labour to assist them.

They can help, it is suggested, in two ways:

1. By being willing now and then to find temporary light work for a man.
2. By occasionally giving one of our men the chance of a suitable permanent position.

In the first case the idea would be to enable the man for a short time to earn a bare living wage in suitable surroundings while he looked about for permanent work, and, in the second, to provide him, at no doubt a moderate wage, with suitable permanent employment.

Our men are almost all skilled in some trade, and we would obtain in every case a character from the previous employer.

It would be clearly understood that no responsibility whatever as to the man's health should be undertaken by the new employer; if a man so employed should break down, the committee would like to be informed, and would do all they could to secure him further treatment.

The employment may be either out of doors or in pure air in-doors. It should not involve any great physical effort, nor should it require to be done against time or high pressure.

The following list contains a few of the employments suggested:

Light work about a farm or garden.

Driving.

Care-taking.

Agency work as, for instance, insurance agency, rent collecting, or some form of travelling, etc.

Clerical work if in good conditions.

Estate work, such as light carpentering, looking after an engine, etc.

Motor car driving.

Check taking.

Door keeping, and many others.

The risk of infection has been mentioned as an objection, but there is no doubt that it has been greatly exaggerated and, in any case, it is certain that a man who has been treated at a sanatorium, whose symptoms have disappeared and who has been taught the precautions, is not only unlikely to be a source of infection, but is actually a missionary of health to all with whom he comes in contact.

The preferential consideration given to subscribers with respect to the admission of patients into the sanatorium will be given to any employers who will consent to give, instead of a subscription in money, this invaluable practical aid.

May we write to you when we want employment or a man? Please reply to —, the Hon. Sec., Kelling Open-Air Sanatorium, Holt, Norfolk.

COPY OF THE APPEAL FOR THE SOCIETY FOR THE HOME TREATMENT OF CONSUMPTION IN TROY.

"We must care for the consumptive in the right place, in the right way, and at the right time until he is cured; instead of, as now, in the wrong place, in the

wrong way, and at the wrong time until he is dead." — PRYOR.

There has been, during the last few years, a great revival of interest among both physicians and business men in the question of consumption. Every one is coming to realize that this plague is the most dangerous of any kind that we have to contend with.

It kills, every year, more people than any other disease. Last year there were 240 deaths from consumption in Troy, an average of 20 each month. The great majority of the deaths were among the poor between the ages of 20 to 40 years, the time of life when men and women are most essential to the support of their families and of their children. They cannot go away or receive the benefits of treatment in a sanatorium, therefore they must be cared for at home.

In many cities of the United States measures have been taken to fight this disease and the results have been remarkable. We are going to fight consumption in Troy and we ask for your interest and assistance.

A class is to be formed of consumptives who cannot afford to leave home to go to a sanatorium or to pay for continuous medical care. The society has secured the voluntary services of Dr. H. W. Carey as physician-in-charge, and Dr. H. C. Gordinier and Dr. J. B. Harvie as consultants.

The class will be under the care of the physician and a nurse who will instruct the patients in the three essentials for recovery — *Rest, Living Out of Doors and Proper Food*.

The class meets once each week for examination by the physician, and each member is visited at the home by the nurse, who will see that the instructions are properly carried out. This is the method used so successfully in Boston, Providence and New York, where, in most instances, the progress of the disease has been arrested, in many instances cured.

The cost of maintaining the class is \$50.00 a patient a year, the expenditure being limited strictly to the purchase of tents, cot-beds and reclining chairs to enable the patient to live comfortably out of doors and to pay for the services of the nurse. In order to meet the expenses of carrying on the work for a year we must have \$1,000.00 in hand and we ask your aid by a contribution of \$10.00.

(Signed) PAUL COOK,  
FRANK E. HOWE,  
EDWARD MURPHY, 2d,  
GEORGE ALFRED CLUETT,  
LELAND THOMPSON,  
EDGAR H. BETTS,  
*Committee.*

#### DISCUSSION.

DR. JOHN B. HAWES, of Boston: I have been associated with Dr. Pratt right from the start, and from the very beginning I was tremendously impressed with what this class method can accomplish. There is one thing which he has not mentioned, and which I think is one of the principal factors in successfully handling these cases, and that is, the personal element. Every one of these patients who have come here to-day is a personal friend of mine. They are being taught how to help themselves. As Dr. Pratt's class increased the need of another class was apparent, and there was another started at the Massachusetts General Hospital under my charge, and this was called "the suburban class," of which there are now three. The patients sleep out of doors wherever possible, and come to the hospital for the class work once a week when they are able, where we talk over the details of the past week. The first patient shown here by Dr. Pratt had been under my care at the hospital for six weeks, and nothing seemed to be accomplished

under the old out-patient system until Dr. Pratt commenced this system of personal supervision of the patients in their homes, and to the hard, individual, personal work which he has put into it, I think the credit is largely due.

DR. I. J. CLARK, of Haverhill: A year ago there was a committee appointed in Haverhill to look into this matter, and to further the treatment as much as possible. This committee included members from Lawrence, Newburyport and our own town. I am very glad to report that we have organized a society in Haverhill, and solicited funds from our people. We have officered it with about all the doctors and clergymen, and I have patterned it as far as possible after Dr. Pratt's method. It does not seem practicable to have a class at present, but I have suggested it to the supervisor. I intend to work with him in carrying out the details. We are also to have the state exhibit. It seems to me a movement which every town of any size should take up. It is surprising to see how much interest in this is shown by the public. I do not think the matter will lack for means. I am very much interested in this matter, and will say that we find it very difficult to carry out the rest treatment. I had a patient recently who by careful supervision and treatment had become much better with no fever, but he insisted on going camping out and fishing trips, and he had a relapse. He did very well, however, under the treatment while he remained quiet.

DR. DAVID TOWNSEND, of Brookline: There is one phase of the work which has not been mentioned, the "Day Camp." The Boston Association for the Relief and Control of Tuberculosis has operated such a camp the past two summers on Parker Hill in Roxbury through the courtesy of the Robert Brigham trustees. This summer the camp has been established on the estate bought for the proposed Municipal Consumptive Hospital through the courtesy of the Municipal Hospital trustees. The camp is modeled after those in Germany, particularly those in Berlin. The patients come for the day only, they arrive early in the morning and go home late in the afternoon. They are given two lunches, one at ten, the other at four o'clock, and a dinner in the middle of the day. Each patient is examined once a month, and weighed once a week; his pulse and temperature taken twice a day. The aim of the officials of the camp is to know each patient intimately, and to encourage him to confide in them. His day at the camp is regulated and everything done to remove all worry and anxiety. He is kept under careful supervision. Such a camp may be readily attached to a hospital, and can be run at a moderate expense as has been proved by the Good Samaritan Hospital, in Boston, the past year. A day camp is of value as it removes for a time the source of infection from the community and the home; it enables some cases to obtain admission to a sanatorium which could not otherwise go; it enables cases to obtain proper care which, although suitable, for some reason cannot go to a sanatorium; it obviates in some cases the necessity; it helps to complete the cure in some cases which have been discharged from a sanatorium. It is also a value on educational lines. As to the permanent good which results I can only say that of the cases present at the camp in the season of 1905, one third are able to work all or a part of the day. One point which I would like to emphasize is the importance of a complete examination of all the members of a family in which there is a tuberculous patient. In this way we are enabled to detect the disease in the earliest stages, and to take proper steps to prevent its spread.

DR. A. C. GETCHELL, of Worcester: One other point should be touched upon at this time it seems to me. It

is the matter of ways and means. Dr. Pratt's results are very encouraging and his work is of great value. Can others in other places do as good work? He has the material resources of a large church and a well supported tuberculosis organization at his disposal. Looking to our work in Worcester we have neither; nor, so far as I can see, are we likely to have. On the other hand it is quite within the range of probability that one of our large hospitals may soon make proper provisions for poor consumptives. As a practical measure I think we will sooner provide suitable care for these unfortunate persons by putting our main energies upon utilizing the equipment of existing institutions with such slight additions as may be necessary. As has been said, Dr. Pratt's personality is an important element of his success. While this has contributed so largely to his work it cannot be counted on with definiteness in other places. To my mind the great value of his work, and I sincerely hope he will keep on with it, is a demonstration of what can be done at home with the moderately poor consumptives. But I feel that we shall make no material progress in caring for the very poor, the most dangerous class of all, until we provide adequate institutional care for them.

DR. C. S. MILLET, of Brockton: One word about the personality of Dr. Pratt, about which we have heard so much this afternoon. If there is anything in taking a real heart-felt interest in your patient, in paying attention to detail and insisting upon entire obedience on the part of the one most interested, which the rest of us can't imitate, then, of course, Dr. Pratt's personality is certainly the most important factor in the kind of work which he has originated.

Otherwise there is nothing about this work that any man here can't do.

### MEDICAL INSPECTORS: THEIR FUNCTION.\*

BY CHARLES HARRINGTON, M.D., BOSTON.

YESTERDAY there was passed by the Senate to a third reading, a bill, which already has passed the House of Representatives, entitled, "An Act to Provide for the Establishment of Health Districts and the Appointment of Inspectors of Health."<sup>1</sup> The bill was first reported in the House on May 1, by the Committee on Public Health, after full consideration of so much of the annual report of the Chief of the Massachusetts District Police as relates to the manufacture of clothing in tenement houses; so much of the Governor's address as relates to medical examination of minors in factories; a petition for legislation relative to the spread of tuberculosis; a petition for legislation to provide for the transfer of certain powers and duties of the inspection department of the District Police to the State Board of Health; a petition for legislation to provide for proper sanitation, ventilation and light in factories and shops and for the appointment of medical inspectors; a petition for legislation to prohibit overcrowding and bad air in factories and workshops; and a petition that medical inspectors be appointed throughout the Commonwealth.

Should the bill become law, it will be the duty of the State Board of Health to "divide the

Commonwealth into not more than fifteen districts to be known as health districts, in such a manner as it may deem proper and necessary for the carrying out of the purposes of the [this] act"; and, this having been done, it will devolve upon the Governor to appoint in each such district "one practical and discreet person, learned in the science of medicine and hygiene, to be state inspector of health in such district." The appointees will hold office for five years, but may be removed by the Governor and Council at any time.

The duties of the inspectors will be so varied and extensive as to make the positions anything but sinecures, and in most districts their proper performance will demand of the incumbents practically their entire time and will involve constant travel from place to place. The bill provides, in the first place, that each inspector "shall inform himself respecting the sanitary condition of his district and concerning all influences dangerous to the public health or threatening to affect the same." This alone will be no small task, for although the area of the Commonwealth, in comparison with that of almost all other states of the Union, is small, the 15 districts together will include 33 incorporated cities and 321 towns, and each district, therefore, must contain a considerable population, divided among not a few distinct communities, large and small, urban and rural, manufacturing, agricultural, residential and mixed. In order, therefore, to inform himself and keep informed as to the sanitary condition of his district, and to carry out the duty with which he is specifically charged in the next clause, to "gather all information possible concerning the prevalence of tuberculosis and other diseases dangerous to the public health within his district," he must keep in touch with all of the local health authorities thereof, watch the incidence of communicable diseases in each city and town, inquire into their causes, be prepared to suggest preventive measures and to "take such steps as, after consultation with the State Board of Health and the local health authorities, shall be deemed advisable for their eradication."

Impressed with the value of the medical inspection of school children, the attention of his Excellency the Governor was drawn to the advisability of extending the same protection to minors employed in factories, under conditions which, in very many cases, are far more inimical to health than the conditions to which those confined for shorter daily periods in schoolrooms are subjected; and the matter was made the subject of an earnest recommendation in his inaugural address. If the bill becomes law, it will be the duty of each inspector to have an eye on all employed minors, to examine them as to their health, and, whenever advisable or necessary, to call their ill-health or physical unfitness to the attention of their parents or employers and of the State Board of Health. In some districts this duty will make large demands upon the inspectors' time, for in many manufactures large numbers of minors find employment in rooms where they are exposed to influences which tend

\* Read before The Massachusetts Medical Society, June 11, 1907.

<sup>1</sup> The bill was enacted in both houses, and was signed by the Governor on June 19.