

course, remains in that condition for all time. But the prostate seems to possess that compensatory power with which Nature has endowed our other organs so that unless too much of the glandular parenchyma has been destroyed the secretion is still produced in quantities sufficient for the fulfillment of the normal physiologic function of the gland.

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## TREATMENT OF TUBERCULOUS PATIENTS IN THEIR HOMES AND IN PLACES OTHER THAN SANATORIA

WITH SPECIAL REFERENCE TO THE PSYCHIC SIDE OF  
THEIR MANAGEMENT \*

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When requested to prepare a paper on the home treatment of tuberculosis, I felt some hesitancy in acceding, not because the subject was not of great interest to me, but because it has been associated by some of the profession with the views of those who believe that pulmonary tuberculosis can be better treated in the patient's home than in the very best of climates elsewhere.

Such a view is so much opposed to my experience, and to that, I believe, of the profession as a whole, that I would not wish to seem to support it. If the term, however, as my title implies, is used to describe the treatment of tuberculosis outside of closed sanatoria, whether in the patient's home town or in some especially favorable climate, and deals with obtaining for all patients those advantages which were supposed to be obtainable only in special institutions, it is a subject which interests me deeply and one on which I am glad to have an opportunity to write, for it is certainly one of the most important in therapeutics and must be solved if we are to succeed in suppressing this disease.

Hygienic and dietetic treatment is to-day universally recognized as an essential part of the management of pulmonary tuberculosis, and whatever advances we have made, or may yet make, in specific and drug therapy, hygiene, air and diet may be safely stated to be a fundamental part of any complete and satisfactory treatment.

These methods were worked out originally in closed sanatoria by such men as Brehmer, Dettweiler, Trudeau and many others, and it was long the general impression that they demanded the special facilities of such institutions and could not be carried on properly outside of their walls. Patients in their own homes or living in climatic resorts, but not entering such sanatoria, have too often been allowed to live very much as they wished, with no properly strict supervision or discipline, and the difference between the results obtained in cases of patients handled in this slipshod way and those systematically treated in institutions has been used to support this view.

Being dissatisfied with the manner in which these invaluable methods were ordinarily applied in private practice, and yet convinced of the absolute necessity of their use, I have for a number of years tried to secure for my patients in private houses the general hygienic arrangements and the teaching and disciplinary measures of the closed sanatorium, with results which have

satisfied me that we can obtain for our patients, outside such places, all their essential conditions and their results. Indeed, in view of the very limited capacity of all the institutions of this sort, the outlook for the majority of the tuberculous, were this not true, would indeed be sad, for but a small fraction of them could possibly get accommodation in such sanatoria. Hence it becomes a duty to encourage the adoption of such methods everywhere, and to urge the profession to acquire that skill in handling pulmonary tuberculosis which has given sanatorium physicians their excellent success; in short, to teach doctors how to manage the hygienic cure outside of closed sanatoria.

This, then, I take it, is the real aim in the home treatment of tuberculosis: a treatment which is equally applicable in or out of climatic resorts, and whose value in no way affects the question of the utility of climatic treatment, which, therefore, need not be touched on here.

### SPECIAL CONDITIONS OBTAINED IN SANATORIA

Since, as noted, this treatment was first and most fully developed in sanatoria, it will be well to consider what are the special conditions which are obtained there in order to see if these can be secured adequately outside their walls.

Analyzed, then, to their simplest terms, these are:

1. The personal medical oversight of the patient.
2. Strict discipline and close supervision.
3. Teaching and instruction in methods of life.
4. The systematic and hygienic arrangement of the patient's life.
5. Nursing.
6. Proper housing, location and feeding.
7. Suitable climate.
8. The effect of the example of other patients and of the *esprit de corps*.

Of these eight desiderata, all save the invaluable effects of the last two can be had in all cases, granted a determined and forceful doctor and a reasonably intelligent, earnest and obedient patient, in fairly good circumstances. True, to obtain them in a satisfactory degree will unquestionably call for much work on the part of the doctor, a great interest in his cases, and a strong will; for a chronic disease, such as this is, makes great demands on the patience and perseverance of both physician and patient; but if the doctor is willing to enter closely into the lives and to study the personality of his charges—and only he who is so willing can succeed with them—he can get a complete control of them, and will find pulmonary tuberculosis as interesting and, if early diagnosed, as hopeful as any other disease; nor will he discover any of that monotonous sameness which is supposed to characterize it.

Let us now consider, seriatim, these different conditions which are obtainable in sanatoria.

1. *Personal Medical Oversight*.—That this is essential, all who have handled tuberculosis will recognize; hence these patients must not be left to manage their lives according to their own best judgment, with perhaps occasionally a little general advice, but need to see the physician often and to receive instruction and stimulus from him. Many would suppose that unless the physician lives in the house with his patient, seeing him frequently during the day, as does the sanatorium doctor, personal medical oversight could not be had, but I have found this not to be the case. If the physician is capable of impressing his will and his personality on

\* Read before the Clinical Section of the International Congress on Tuberculosis, Washington, D. C., Oct. 2, 1908.

his patients he can get the closest and most detailed supervision and control of their lives by seeing them twice, or at most thrice, a week; when they are once well trained once a week is sufficient. Indeed, by seeing our patients too frequently, as we do if we live in the house with them, we are apt to lose that objectivity in our attitude toward them which is so important, and to lessen rather than to increase our control.

If the patient is well taught the aims and purposes of the treatment, is convinced of the doctor's interest in his case, and knows that he must report to him every occurrence in a written diary of his life, it is surprising how close the supervision can be. The use of such diaries or record-books is a most important aid in the control of our cases, and it is difficult to keep in sufficiently close touch with patients without their use.

I have used record-books now for a number of years and find that they keep the doctor in most intimate touch with the feelings as well as doings of his charges, and that through them he will learn many things very closely affecting their condition, which it is important for him to know, yet of which otherwise he would never hear. The patient writes not merely a physical record of the fluctuations of his temperature, the amount and nature of his food, exercise and amusements, etc., for all of which there should be places in the page, but—and I believe this even more important—a diary of his mental life and of those occurrences of the day which affect not so much his body as spirit.

Such records are of inestimable benefit to the doctor in helping him to understand his patient and to guide him wisely, for in no disease is the effect in mind over body more in evidence than in pulmonary tuberculosis. We can not succeed with it if we treat the physical but neglect the mental side of our charges.

In a small percentage of one's patients, the very nervous and excitable, such as are so often our Jewish patients, or in those lacking the moral backbone to face the facts and fight them, their nervousness can be increased by such record-keeping. By such patients the practice must be discontinued, but in a very large majority the keeping of such diaries proves helpful and interesting to the patient, aside from its value to the doctor, and I have had many people assure me that keeping their records stimulated them to obedience and to more faithful living.

The more intelligent the patient, the better will these books be kept; some patients are able to give us a vivid account of all that happens to them so that we can know exactly all that they felt and did; some are only able to record the bald physical facts of the day, and this poorly enough; while the majority keep a diary which, while not as full as it might be, is a great help to us in following their lives. I devised these record-books to be used by patients in private practice, and I had not supposed that they would be applicable to the class of patients whom we see in our dispensaries, who are usually of a lower grade of mentality. Dr. Joseph Pratt of Boston, however, who has adopted them in his admirable tuberculosis class work, has shown that they can be used with most excellent results in these patients, and through his instrumentality they have been pretty extensively and successfully used in numerous other classes and dispensaries throughout the country.

By using such books, whose entries should be carefully scanned at each visit, and by seeing our cases once or twice a week, we can make the supervision of the

patients perfect, and they will become so interested in their own progress that the treatment is deprived of much of the tedium that can handicap it.

2. *Discipline and Supervision.*—Many excellent physicians are poor disciplinarians, neither giving such detailed instructions as are necessary nor seeing that they are strictly carried out. This, however, is a matter of the personality of the physician and does not depend on whether he treats his patients in private or in a sanatorium. Discipline, however close the supervision may be, must rest, save in penal institutions, more on the good will and willing cooperation of the patient than on his fear of punishment. While the doctor must have a strong will and be a good disciplinarian, and while the patient should be afraid to disobey him, the discipline will be hollow and unreal if it depends only or chiefly on fear, or is maintained by spying. It can be satisfactory only when the patient obeys willingly from motives of self-interest and through his confidence in the physician. When such a feeling of confidence toward the doctor exists, and when the patient is made to realize that he and his physician are fellow workers toward the same end, and that by disobedience he is only hurting his own chances; when, moreover, he is made to see that getting well is no child's play, and that if he is to recover he must have the force to deny himself, the doctor need have no fear that his orders will be disobeyed behind his back. No sanatorium can show better discipline than can be obtained with patients thus trained.

3. *Teaching.*—In tuberculosis the relation of the doctor and his patient is, in one aspect, that of teacher and pupil, the latter coming not merely to regain health, but to learn from the former those truths which in after life will enable him to retain the health he has regained. Hence the physician who treats tuberculosis must be, I had almost said first and foremost, a teacher, and, like every good teacher, interested and hence interesting and capable of imparting his knowledge and his enthusiasm.

Granted the ability on the doctor's part to teach, instruction outside of the sanatorium can be most thorough and satisfactory, although, unless the patients are housed together, the individual patient will lose that not inconsiderable part of his teaching which he would receive from the example of his fellows. Many physicians do not believe that their patients should know anything about their sickness; but in tuberculosis, as Penzoldt<sup>1</sup> and many others have insisted, it is essential that the patient should understand something of the nature of the disease he has to fight before he can be expected to deny himself the many pleasures he must forego or bring himself to live a strictly regulated life. While it is by no means desirable that the patient should know too much about the extent of his trouble, he will fight his disease more intelligently and, therefore, better if he knows something of the wonderful way in which Nature opposes the advance of the enemy and how her ability to wage a successful warfare depends on the vitality of the individual cells, whose strength or weakness is so largely under his own control.

4. *Systematic and Hygienic Living.*—While it will take great care to secure, outside of a sanatorium, the system and order of such an institution, they can be obtained if the patient be intelligent and the doctor painstaking. He who makes a listless, half-hearted,

1. Penzoldt and Stintzing: *Handbuch der Therapie innerer Krankheiten*, iii, Jena, 1898.

planless attempt to recover from tuberculosis is sure to fail, but, granted the conditions already dwelt on and a careful oversight by the physician, the individual patient can systematize and live his life as well as those in sanatoria.

5. *Nursing.*—The necessity of trained nursing in pulmonary tuberculosis depends on the nature of the case. In my opinion, in incipient cases a nurse is not necessary at all save during some intercurrent condition, such as an exacerbation of the process or a hemorrhage; but the patient is rather the better for being thrown on his own responsibility and made to think for himself. In advanced cases with much fever, diarrhea, etc., a trained nurse is a necessity and an inexpressible comfort to the sick one, but, save in such cases, her constant presence while the patient is feeling well is a depressing reminder of sickness. Hence it is better to dispense with nurses, save in the cases cited.

6. *Location, Housing and Feeding.*—It is not always easy to secure for patients, especially if in restricted circumstances, either in their own homes or in resorts, accommodations which are as well arranged as to porches, rooms, orientation, ventilation, etc., as those in the best sanatoria; but it is surprising what excellent facilities we can obtain for our patients by some study of their homes and rearrangement of their surroundings. If a large southern room, with several windows and a porch opening off from it, can be had, sanatorium conditions can be duplicated; but, if not, by ingenuity in a rearrangement of houses and porches, or the building of shacks, excellent results can be obtained. For those in comfortable circumstances the task is easy, but in proportion as the circumstances of our patients are more and more restricted it becomes more and more difficult, and there is a point below which their financial state sets an almost hopeless handicap on the proper carrying out of this treatment.

Among that large class whose finances prohibit their leaving their home town much has been done in recent years in Boston, New York, Philadelphia, Chicago, Baltimore and elsewhere, either by removing the patients to the outskirts or by rearranging their homes, and the various tuberculosis dispensaries and classes in this country have done splendid work in this line.

The feeding of a patient, whether in or out of a sanatorium, depends on the availability of a good cook and housekeeper, a good market and a not too empty purse, and if these can be had, a good and varied table is always obtainable. The feeding of these patients, however, is so important that the doctor must take pains to satisfy himself as to the existence of these conditions and not take them for granted.

7. *Suitable Climate.*—It is neither appropriate nor desirable at this time to enter on the much discussed question of the essentiality or non-essentiality of climate in the treatment of pulmonary tuberculosis. My own view is that climate, while it will always be a secondary factor to proper care, discipline and feeding, is an invaluable aid in the treatment of this disease; one which, in all cases which offer possibility of cure, should never be dispensed with if means permit, and that with proper conditions it will greatly improve the best results that can be had in a patient's own town. Practically all sanatoria are in unusually favorable country climates, and most persons will admit that, other things being equal, a patient will do better the better the climate in which he is placed. While we try to place our sanatoria

in favorable climates, however, and while those who can afford to get proper conditions there would be foolish not to avail themselves of the added advantages offered by a good climate, the vast majority of pulmonary tuberculosis patients are compelled by financial reasons to find recovery, if it be possible, in their home town. In the last two or three years many workers in this line have shown what can be accomplished in the way of amelioration, arrest, of even cure, in our large cities if the cases be favorable and if the physician be only thorough, painstaking, interested and a good teacher.

8. *Effect of Example and of "Esprit de Corps."*—The one important factor in the hygienic treatment which can not be had when we treat the patient in his own quarters is the effect on him of the example of other patients and of that *esprit de corps* which is developed among them, and both of which are powerful factors in sanatorium results. However intelligent and purposeful, determined and obedient, the patient may be, he will miss much in not having the stimulus which is obtained from living with other patients who, like himself, are seeking to recover health and whose example will constantly urge him on to the proper life. All who have handled many patients together know the great assistance which is obtained from the rivalry between them in taking the cure faithfully, the brace to a weak will of the example of others, the encouragement to the discouraged from the good results in other cases and the mutual assistance of that spirit which animates them all.

True, the single patient is free from the depressing effects of that curse of the pulmonary invalid, symptom-talking, but this is more than counterbalanced by the tendency of the lonely patient to brood over his own troubles and to introspect. The only way in which I have been able to get around this difficulty has been, wherever possible, to place a number of patients together in a properly managed house rather than each in his own house. In such houses they get the benefit of example, etc., though free from the institutional atmosphere which is so distasteful to most American patients, and the brightness and cheerfulness of these houses, if the inmates are properly chosen, is a very great help in the treatment. Therefore, whether in our cities or in resorts, I believe that wherever possible we should try to place our patients together. Unless they will give it a trial, however, it is often hard to convince people that such association with others will not be depressing and dismal; though if we are very careful to place incipient cases only with the incipient and the advanced with the advanced, so as to avoid the discouraging effect which their difference of condition can have on the patients, the fact is just the contrary, such houses being unusually cheerful and bright. It need hardly be noted that the doctor must also display tact in sizing up differences of social condition in his cases, as by placing together patients too widely separated in this way there is pretty sure to be friction, dissatisfaction and trouble.

If the patient must be handled alone in his own house, as will usually be necessary in our cities, or with those who are too fastidious to mix with others whom they consider less elegant than themselves, the difficulty arising from the lack of example can be overcome only by redoubled efforts and more careful teaching on the part of the physician, and by more self-control and intelligence on the part of the patient.

As the result of these considerations I believe that it is evident that, save for the beneficial influence of ex-

ample and of climate, all the conditions obtained in sanatoria can be secured for patients outside of such institutions. I would here, however, make an exception of our very poorest classes and of our criminal poor. For these, owing to conditions not controllable by the doctor, there seems little hope unless our sociologists and philanthropists step in and change or improve for them those surroundings and habits under which they live and which lie at the root of their sickness. For them the treatment of tuberculosis is primarily a sociologic problem, and the doctor's part in it, however important, is necessarily secondary to that of the civic and social reformer.

Of course, in applying sanatorium methods, as they have been called, the physician who is used to the treatment chiefly of acute diseases will find considerable trouble, for the former demands far more detail work than the latter, and most doctors find it hard to keep alive their interest in a case after the acute symptoms subside and the changes, instead of being visible from day to day or from hour to hour, are to be discovered only from month to month or at even longer intervals.

It is unquestionably troublesome to have to adjust every small detail of the patient's life, and to fill to some degree the functions of the nurse as well as the doctor, and it is to be feared that the majority of practitioners will therefore always find the treatment of tuberculosis tiresome and unsatisfactory; but it is only by such work that we can expect to get good results.

#### THE PSYCHIC HANDLING OF THE PATIENT

Turning our attention now to the application of these methods in the home treatment of tuberculosis, it is evident that, since a patient has not merely a body but a mind and a soul, there are two distinct aspects in which this treatment can be regarded, the physical and the psychical; the former concerned with the arrangement of the details of the patient's life and surroundings, the nature of his exercise and rest, his dietary, amusements, occupations, etc.; the latter dealing with his mental capacity and his attitude toward his sickness, his spirit, courage and will, and his relation to his physician. The physical part of the treatment is, of the two, the least difficult to carry out and is more generally understood. I have, moreover, very fully treated of it elsewhere,<sup>2</sup> as have many others, and it is to-day familiar to all, so that it would be superfluous here to consider its various details. The psychic side of the treatment is much less fully understood and more frequently neglected; it is the part which will give us the most trouble when we treat patients outside of sanatoria, yet it is essential to the success of the treatment. Hence I shall here confine myself to a consideration of it alone.

It may be approached from two points of view, the one relating to the patient, the other to the doctor, and I shall here dwell on the qualities which each will need if the home treatment is to be as successful as that in a sanatorium.

The qualities needed by the patient are, in the order of their importance, (1) will power and determination; (2) earnestness and purposefulness; (3) cheerfulness and patience, and (4) intelligence and interest.

1. Of these, will power and determination are unquestionably the first; in their absence the lightest case becomes severe, while with them even a desperate one may have hope. When I speak of will power I refer

not merely, or chiefly, to that more ordinary type of will which is able to impose its wishes on others, but more especially to that higher type which can turn its will inward and conquer itself, which can force itself to the difficult denial of pleasure for profit, which can obey tedious orders strictly and closely, and which can compel cheerfulness when all around seems dark. When the patient possesses such a will his physician is, indeed, fortunate; but the doctor should never forget that, even when it is more or less poorly developed, it is in the physician's power to cultivate it, and that he can arouse and enlarge a dormant or ill-applied will and direct it into right channels, and this cultivation of the will in a wise direction is one of the doctor's most important and inspiring duties. What more splendid than to awaken will where before it was latent, interest where there was apathy, purposefulness where there was vacillation, and thus to bring victory out of a case that otherwise would be hopeless? We are not seldom made to realize, however, that if the moral backbone of the patient be below a certain level, such induced will and earnestness will exist only as long as the patient keeps in touch with his source of power, and that if this is removed he will relapse into his original weakness and spinelessness. Such patients, whatever their physical condition, are hopeless, this being a good example of the survival of the fittest; fortunately, however, they are few.

2. Next to will and determination I would place earnestness and purposefulness. The light-minded patient, incapable of following a fixed aim persistently, who can never frankly face the facts, who is never in earnest about anything, and who lacks any comprehension of a serious purpose in life, is a difficult problem for the doctor, for such qualities are not easily developed where they are lacking. It has often seemed to me especially difficult to develop earnestness in young girls or in unusually attractive women accustomed to much attention, for too many of them in these days look on life merely as a playground in which to amuse themselves, and can not be brought to regard it as a field for noble, if arduous, work.

3. Cheerfulness is an invaluable quality, while not essential, for many earnest and excellent patients seem to lack it constitutionally, but it can be cultivated to a great extent by the will. The patient who is grateful for every smallest gain and does not magnify every loss; who picks out each speck of sunshine to enjoy and tries to shut his eyes to the dark places; who goes into the fight not whining and believing he will be beaten, but bravely and hopeful of victory, has already taken a big step toward recovery. It is often inspiring to the physician to see how a patient will labor for cheerfulness and for a sunny point of view when his doctor knows so well how many causes he has for discouragement and despondency. Such people are a blessing to the households in which they live and serve as a source of sunshine to all around them. In this connection it should be noted that the families and friends of our patients should be taught and compelled to keep from them all those sad and depressing occurrences which they seem to take such a pleasure in recounting to the sick ones, either by letter or by word of mouth, thus needlessly and harmfully depressing them, the stupidity of people on this score being sometimes beyond comprehension.

Patience, in a disease which runs so slow a course as pulmonary tuberculosis, is most important, and he who

2. New York Med. Jour., January, 1899; December and January, 1902; Ztschr. f. Tuberk., 1902, vi, No. 6.

can quietly and patiently live each day as it comes, uncomplaining and unfretting, will be a comfort to his doctor and a help to himself.

4. All authors dwell on the importance of intelligence in a patient; it is of scarcely less weight than the qualities already dwelt on, and, is, indeed, almost inseparable from some of them. There are few things harder for the doctor than to sit opposite a patient whom he is trying to interest and instruct in his own case, and to be unable to awaken one ray of intelligence, comprehension or interest in his dull, impassive eyes, or to make clear to him the simplest details of his treatment. Such patients can not be made to grasp the principles of their cure properly or to take that live interest in it which is so important; they not only obtain poor results for themselves but are a dead weight on their physician. On the other hand, the intelligent, wide-awake patient who, even if uneducated, responds to efforts in his behalf by a prompt comprehension and cooperation, who grasps the physician's aims and helps to further them, is not merely doing much to assure his own recovery, but inexpressibly lightens the doctor's work.

This lack of intelligence in the patient is one of the severest handicaps on our tuberculosis dispensaries and classes, when, as is so often the case, their clientele is drawn chiefly from the ignorant foreigners who crowd some sections of our cities and whom it seems impossible to awaken to any understanding of hygienic living or to teach how they must conduct themselves.

In private practice the intelligence of the patient is more usually sufficient, but even here the results are infinitely improved, other things being equal, when the mind is alert and keen.

If the patient is by nature enthusiastic it will be of great assistance in our efforts in his behalf, but enthusiasm is one of those qualities which is born in a man and which can not be cultivated.

#### SOCIAL AND FINANCIAL CONDITIONS

Aside from these mental qualities, we should note two conditions which have great effect on the patient's prospects of recovery, i. e., his social position and his finances.

In regard to the former, as is true all through life, the best lies at neither extreme of the social ladder. The very rich, fastidious patient of the upper ten, who has been spoilt all his life, who has always had his own way, who can not adapt himself to new conditions or be happy unless he can surround himself with all his accustomed luxuries, and who is unwilling, even when his life is at stake, to give up his favorite indulgences or bend his will to that of another, is handicapped in very much the same way, though from a different cause, as is the poor man who, for want of intelligence or means, can not get the proper conditions. The best results can be expected from those having more normal social ideals, cultivated and intelligent but not too much bitten by the society bee. These, neither handicapped by too great a fastidiousness on the one hand, nor on the other by a lack of those qualities which the lower classes miss, will prove our most satisfactory patients. In this class are apt to be professional and scientific men, college professors, and business men, etc., whose pockets, it is true, may not be as well filled as their heads, but who yet have sufficient means to secure proper conditions and whose minds are so trained as to enable them to avail themselves of all their opportunities.

A person's education and his hygienic enlightenment are apt to be, up to a certain level, fairly proportionate to his social station, hence those below a certain class make poor patients, owing to their inability to put into practice customs and habits alien to all their past training.

Many men of the intelligent artisan class, however, make excellent patients, for in this country that class contains many with minds used to independent thought. Though such patients are hampered by narrow means, they can yet obtain good results by making use of roofs, porches or back yards, as Pratt has demonstrated, and he has thus restored many such to a partial or complete working efficiency.

If, however, the disease in this class of patients is to be successfully combated a crusade against the hygienic condition of the average American workshop and the filthy spitting habits of the average American workman will have to be begun. At present thousands of this class yearly fall a prey either to the cupidity of shortsighted employers or to the careless habits of tuberculous fellow workmen.

Patients who are below a certain social level, who can neither secure the proper conditions however simple, nor appreciate them even if obtained, such as our slum dwellers and our criminal classes, must be handled, as already noted, by the community in charitable institutions, and should, if possible, never return to city life, where they at once gravitate back to their slums and their vices, and by the rapidity of their relapses scarcely justify the money paid for their care.

The financial condition of the patient is, of course, of the greatest importance, but in these material days this is too self-evident to need much notice. I would only say that patients must be able to spend on board, lodging and incidentals a minimum of \$10 or \$15 a week if they are to get proper if simple conditions, while for the artisan class \$5.00 a week may possibly suffice. Below this point they become proper subjects for public help.

#### RELATION OF DOCTOR AND PATIENT

If the doctor is to manage his patient successfully, proper relations with him must be established in the beginning; therefore the first interview is unusually important. At this time the patient must be made to realize fully what he has to fight and the mental as well as the physical means with which he is to fight it, and must be shown the necessity of cultivating those qualities on which I have just dwelt. The absolute necessity of his willing and intelligent cooperation with us should be made clear, as well as the impossibility of getting satisfactory results unless he is willing to be obedient and faithful.

If he is rightly handled in this first interview, which should follow his examination, his confidence in the physician's understanding of his case and interest in his welfare will very largely guarantee his obedience. In this first examination and talk the exact details of the life which he must lead should be laid out for him specifically and clearly, so that there can be no misunderstanding.

Thereafter each time he is seen there should be a close and careful inquiry into his daily life, by means of his record-book and by independent questioning, when errors can be corrected, faithfulness encouraged, and the thorough carrying out of our orders seen to. Thus handled, very few will disobey, but if any do so

systematically it is much better to give them up, for the doctor need not delude himself into supposing that a patient who three times disobeys, specific orders will stop there, and he should not risk his reputation in the hands of a strong-headed, stupid or dishonest patient. If patients are followed up in this way there is no difficulty in keeping in close touch with them and controlling their lives most thoroughly, and guiding their slow progress toward recovery will never be tedious, but on the contrary will prove absorbingly interesting not only to the patient but to the doctor.

#### QUALITIES NEEDED IN THE PHYSICIAN

Not every doctor is so constituted as successfully to handle tuberculous patients. To do so demands certain qualities which are not so necessary to the doctor treating acute diseases, and he who may be pre-eminently successful in treating pneumonia, typhoid, measles, etc., may fail when he undertakes the management of so long drawn out a disease as pulmonary tuberculosis.

1. *Personality*.—All writers on the subject have dwelt on the importance in the physician in this sort of work of that indefinable quality which is called "personality." From the doctor will often have to come the will, the interest, the cheerfulness and the enthusiasm which his patients need. He must be able to charge them with these qualities as an electric current charges a storage battery, and it will need a strong personality and a large supply of vitality to enable him to fill this rôle.

2. *Will*.—For one who is called on to control others it need scarcely be noted that a strong will and forcefulness are desirable so as to compel obedience if need be; but the doctor's discipline should be as little in evidence as possible, and he should be able so to convince his charge of his interest in the latter's welfare, and so make plain to him the reasons for his orders that he will be obeyed not merely, or chiefly, because the patient fears to disobey, but rather from choice and trust.

3. *Teaching Ability*.—Since apparent recovery from tuberculosis demands a thoroughly trained and instructed patient who can be relied on thereafter to live wisely and avoid harmful influences, the doctor must have teaching ability, and not merely show his patient what he must do, but fix it in his memory by giving him reasons why he must do it, for no principle of pedagogy is better established than that the teaching which gives no reasons for the facts it imparts is lifeless and will soon be forgotten.

The doctor must be able to interest the patient in what he teaches him and hence must put it in an attractive form, for however beautiful naked truth may be, it is unquestionable that the clothing in which she is presented to us can greatly enhance or detract from her charms.

Further, if what the patient learns is to stay with him the rest of his life and keep him from imprudence in the future, it must impress him deeply; and we should never forget that he who recovers without having been taught how to retain his recovered health is pretty sure to relapse.

4. *Enthusiasm and Interest*.—If, by good fortune, the doctor is an enthusiast it will serve to lighten his labor, to turn what otherwise might be work into play, and to increase the interest which he can take in his cases. To be able to feel a lively interest in his patients, not merely as cases but as human beings, is a great assistance to the physician.

A small minority of the physician's charges are so unfortunately constituted that it is almost impossible for him to interest or be interested in them. These are a constant drag on the doctor and drain him of his vitality; for such he can usually do but little. The large majority, even if not unusually interesting at first sight, will prove so if studied closely enough, while a small but blessed minority are possessed of such a personality that they interest the physician from the first moment, and by their intelligent comprehension and cooperation make his treatment of them a pleasure throughout.

The importance of detailed work on the physician's part has been sufficiently dwelt on, and I can only repeat that vague, general directions are useless and that the closest specification of our wishes is essential.

Much more could be written on this question of the bearing of the qualities of the patient and his physician on the success or failure of the home treatment of pulmonary tuberculosis, but necessary limitations restrain me, and I can only hope that what I have said may make plain the importance of the mental control of our tuberculous patients.

In closing, let me urge on the general practitioner, to whom these cases first come, not to regard them as hopeless or to treat them routinely, or to relegate them to that category which he may, indeed, have to treat, but in whom there is no outlook or interest, but always to remember that, if only they are recognized as early as modern diagnostic methods permit and handled in the way I have suggested, the large majority will prove hopeful and interesting.

Let them be looked on and studied not merely as cases but as individuals with a personality that will repay study, with qualities which it is in our power to modify for their benefit, and who should appeal deeply to the profession as in their helplessness they come to us for help.

Thus regarded and thus handled, the treatment of our patients outside of closed sanatoria will reward us with unexpected results and remove from the minds of the profession the false, but painfully prevalent idea, inherited from the days when a really early diagnosis was impossible, of the incurability of pulmonary tuberculosis.

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#### SYSTEM IN RECORDING CASES \*

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One can find in medical literature a great many sentences and paragraphs, an occasional page and a few isolated articles dealing with the subject of case records, but there is very little which offers to the student and practitioner a plan by which he may make records in an orderly and systematic way and at the same time preserve them for ready reference. There is no difference of opinion as to the value of such records. All seem to be agreed that it is impossible to arrive at a full and correct understanding of our cases without the systematic study incident to making records of the cases as they come before us from day to day.

\* Because of lack of space, this article here appears in abbreviated form. The complete article, including the full scheme of classification and details in regard to its application, may be obtained in the author's reprints, a copy of which will be sent by THE JOURNAL on receipt of a two-cent stamp.