

Original Articles.

REMARKS ON SENDING PATIENTS AWAY FROM HOME.

BY FREDERICK I. KNIGHT, M.D.

IN no department of medical practice, probably, has there been more hasty, ill-considered advice given than in that of climato-therapy. Thousands of patients go away every year at great inconvenience and expense, oftentimes with sacrifices which are never made good, who would have been far better off in every way, if they had remained at home.

Many of these go on their own responsibility, it is true, and it is no more strange that an invalid, having failed to obtain relief at home, should be attracted by glowing accounts of climate published by the proprietors of health-resorts, than that he should purchase and take any of the proprietary medicines so flatteringly advertised by the press, medical, secular and religious. Many, also, are guided by the advice of friends, and there is no subject on which the layman with slight personal experience feels more competent to give advice. We all know how ready some of our patients are to honor us by freely praising and lending to their friends prescriptions we have endeavored to carefully adapt to their individual conditions. In the same way many people having been properly advised, to their benefit, in regard to climate, are not satisfied till they have persuaded all their friends, whom they know to be out of health, to try the same. I am well aware that all patients do not do this, for I have known not a few who, when written to, as patients who improve by change of climate invariably are, decline to advise, and refer their correspondents to some competent authority for counsel.

It is strange, however, that more care is not exercised by physicians, who take it upon themselves to prescribe change. Sometimes advice is given on the street without the slightest exact knowledge of the patient's condition (I have known applicants for life-insurance to be passed in the same way). It also not unfrequently happens that the physician, having exhausted all his resources in vain, is tired of his patient, and his patient is tired of him, and being aware of this, and that his patient is liable to desert him at any moment for his rival, advises change, without much consideration of the place to which he is to go.

The consultant frequently receives a call from a country patient bringing a card, or saying he was recommended by Dr. A. He feels flattered at the consideration of Dr. A. in sending him one of his richest and best patients for consultation. When the examination is over, the diagnosis made, and it is proposed to communicate with Dr. A., the patient says: "Oh, Dr. A. is not my doctor! Dr. B. is the one we always employ; but Dr. A. told me that I had better consult you." In the same manner Dr. A. advises the patients of Dr. B. that they had better not risk another winter in New England, but get off somewhere.

What is it necessary to know in order to advise patients properly in regard to change of climate? In the first place, it is necessary to know the condition of the patient. In this regard it is not enough to know that he has tuberculosis, or laryngitis, or bronchitis. Treating the name of a disease by climate is no better

than treating it by medicine. Colorado is good for some cases of tuberculosis; so is cod liver oil; but either may be very bad. I have been not unfrequently consulted by patients, who have either made up their own minds, or have been advised to make certain changes, and who seem to come for a formal endorsement of what they have already decided to do. A few years ago I was asked to see a lady and her invalid daughter at one of our principal hotels. On calling, I found that by the advice of their family physician they had rented their comfortable home, and were on their way to Colorado for the purpose of restoring the health of the daughter. On examination, I found the patient in the last stages of phthisis, with only a few weeks to live. I advised their going home; they had already given that up; but they did not go to Colorado. Last month I was asked to see a patient, with reference to Colorado, who had pneumothorax of one side, and disease also of the opposite lung.

Even patients with such advanced disease are not always amenable to advice. A few years ago I persuaded a gentleman, who came to me with his heart set upon the Rocky Mountains, to spend the winter in Nassau. He did exceedingly well there. The next season he avoided me, and slipped off to Colorado, and promptly died.

A lady once came to me with her young son, who had been sent East from the Rocky Mountains the year before on account of heart disease. The physician, under whose care he had been in the East, had pronounced him "all right," and they were on their way back to the high altitude. They took me in on the way for confirmation of this opinion and action. It did not take long for me to convince myself that it was *all wrong*, and so I said with regret, to the mother. As they were going to Philadelphia, I advised her to visit two physicians there, whom I mentioned, not to say anything about my opinion, nor of that of one Philadelphian to the other, and if we all agreed in opinion that the boy should not go back, I should expect her to be satisfied to stay East another year. She did as I requested, and as we agreed without reference to one another, remained East.

It is necessary, in the second place, in order to give proper advice in regard to change of climate, to have some knowledge of the condition of the climate into which it is proposed to send the patient, and of its probable effect on his condition. In many cases, it seems as if it were sufficient that a place had a certain general reputation as a health resort for physicians to send patients thither, no matter what their individual condition might be. In this way, patients with advanced phthisis, and patients with degenerate heart and blood-vessels are sent into high altitudes, and, on the other hand, patients with incipient tuberculosis of the lungs sacrifice golden time by being sent into moist tropical countries. Something should be known, also, of the variation of climate at different seasons of the year. Because certain parts of our country are delightful in the autumn or spring, it by no means follows that they make good winter resorts; and, on the other hand, many a patient has lost all the gain at a winter resort by ignorantly remaining too late in the spring. The usual range of temperature for different seasons should be known, as well as the average amount of moisture in the air, the amount of sunshine, prevalence of winds, etc.

In this connection it is well to consider the social

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conditions in which the patient will be placed, and especially the quality of the food which he can obtain. There are patients with good appetite and digestion, who will thrive on the canned food of the sheep-ranchman, but there are many who are only helped downhill by it.

It is well, also, to consider in a general way the suitability of the climate for the wife or other relative who must go along with the patient. It may be that she will be found to have a fatty heart or some other condition, which will absolutely forbid the climatic change proposed.

Again, it having been determined that there would be a risk in remaining at home, as compared with taking advantage of a change of climatic conditions, a very serious and seldom considered question arises, Can the patient properly make the change? This is often a question of expense, and should be ascertained, when possible, before mentioning the subject to the patient himself. It is cruel to set forth the great advantage of change of climate to one to whom it is utterly impossible to accept your advice. To advise a wife that going to Europe is the one thing that will restore her health, when this gratification is wholly beyond the ability of the husband, is very reprehensible, and may lead to unnecessary hard feeling in families.

Here comes in the question of a short, temporary change, or long-continued or permanent residence away. Short, temporary changes may suffice for the relief of acute conditions, but rarely for chronic ones. A patient may afford a short change, who cannot afford a long one. It is a very rare thing, though I have seen such cases, that one season's residence away from this coast will suffice for the arrest of pulmonary tuberculosis, however slight. It may not always be wise to tell this to the patient beforehand, but the fact will have its weight on the physician's own mind. Another consideration which has an important bearing is whether the patient can engage in any occupation. While it is undoubtedly better for most patients to do nothing for the first six months or year, there are certain out-door employments which may be pursued without harm. It is therefore important to know something of the nature of an occupation and its fitness for the case under consideration.

For instance, the digestion and mental temperament will have to be carefully considered in case it is proposed to put a patient on a sheep-ranch, where the life may be like this. Two men live in something which they have erected for a house, miles from anybody else. In the early morning these men rise, cook such a breakfast as they can, also the dinner which each takes with him, one walking east and the other west, till noon, when each eats the dinner which he has brought, turns round and walks "home" to meet his companion, takes supper and goes to bed, never seeing any human being for weeks but the same old chum, and him only at night. Weak lungs may stand this, but it takes also a strong stomach and a healthy brain.

So it may be said, in brief, that in order to advise properly in regard to change of climate, the physician should know:

(1) The exact condition of the patient, as far as it is possible to determine it.

(2) The condition of the climate and its probable effect upon the condition of the patient.

In this connection it is well, also, to consider the

social surroundings in the proposed resort, and the food which it will be possible to obtain.

(3) The condition of those who must necessarily go with the patient, and the probable effect of the new climate upon them.

(4) The pecuniary condition of the patient in reference not only to his getting to his destination, but in regard to his ability to stay there long enough, and to provide what will be necessary for himself and family. This should be ascertained as far as possible without consultation with the patient, and before the subject of change of climate is mentioned to him.

A CÆSAREAN SECTION FOR TWIN MONSTROSITY: RECOVERY.¹

BY JOHN F. CROSTON, M.D., AND MAURICE D. CLARKE, M.D., OF HAVERHILL, MASS.

By Dr. Croston.

At 9.15 on the morning of Monday, July 17, 1893, I was called to see Mrs. —, aged twenty-four, primipara, who had come to full term, and who gave a history of having had labor pains since the previous Saturday, and had very likely been in labor about twelve hours. She was a person of slender physique, but had always enjoyed good health, nothing untowards having happened during the pregnancy except at the beginning of the fourth month, when she had a slight hæmorrhage from the uterus, which was controlled in a couple of days by opium and rest in bed. The family history was good; and she remembered nothing unusual in the labors of her sisters or near relatives, and had no knowledge of plural births in their families.

She informed me that the "waters" had come away during the night; and, upon examination, I found the os dilated, the membranes ruptured, and the lower extremities of a fœtus, low down in the vagina, and with toes pointing backwards towards the sacrum, presenting. Her unusual size led me to make a careful abdominal palpation, which disclosed the presence, apparently, of another fœtus in utero. I advised immediate delivery, and set out forthwith to accomplish it, under chloroform anæsthesia. After several vain attempts to extract the fœtus by the extremities, it being impossible to bring the feet lower down than the vulvar orifice, I proceeded to make a second examination per vaginam. Carrying the examining finger well up, I found the extremities of the second fœtus impacted at the brim, and, going still farther, I recognized, for the first time, the fact that I had to deal with a monstrosity and that the fœtuses were joined at the trunk.

At this juncture I sought a consultation, and Dr. W. D. Collins came to my assistance. He agreed with me as to the diagnosis; and we made a second attempt to deliver the woman, but failed. Dr. Maurice D. Clarke, who had been previously sent for, arrived at this point; and, he agreeing as to the diagnosis, the question of operation was discussed, and the Cæsarean section chosen after mature reflection. The husband's consent was obtained with little difficulty, and the operation was performed immediately by Dr. Clarke.

By Dr. Clarke.

I examined the woman as soon as I arrived and found the condition described by Dr. Croston. I

¹ Read before the Essex North District Medical Society, October 11, 1893.