

trend of future legislative action, which has indeed been already foreshadowed by the Chancellor of the Exchequer as coming within the sphere of political politics.

#### **Conditions after the War.**

Here, again, it is impossible to foresee what will be the exact results as regards the future incidence of tuberculosis among our people. It is reasonable to suppose that permanently invalided and crippled men will tend to sink to a lower social level, with a lower standard of nutrition, and this will apply equally to their dependents. Unless some comprehensive scheme, including pensions, and the teaching of suitable remunerative trades to war derelicts is organized, there will inevitably be for many such a social sinking, as will still further tend to an increase in tuberculosis. "The Lord Roberts' Fund" for invalided soldiers and sailors will prove of the greatest value.

Much may be expected from our highly efficient anti-tuberculosis and sanitary services; and it would be a great triumph for the National Insurance Act if the tuberculosis provisions therein prove adequate, not only to check the spread of tuberculosis during the war, but to prevent its spread after the conclusion of peace. The formation of the new Advisory Board of Tuberculosis Experts by the London County Council is fraught with great possibilities of usefulness in the Metropolis.

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## **THE MISUSE OF SANATORIUM BENEFIT.**

By A. E. CARVER,

M.A., M.D. (CANTAB), ETC.,

Medical Officer in charge of the General Dispensary's Tuberculosis Clinic,  
Birmingham.

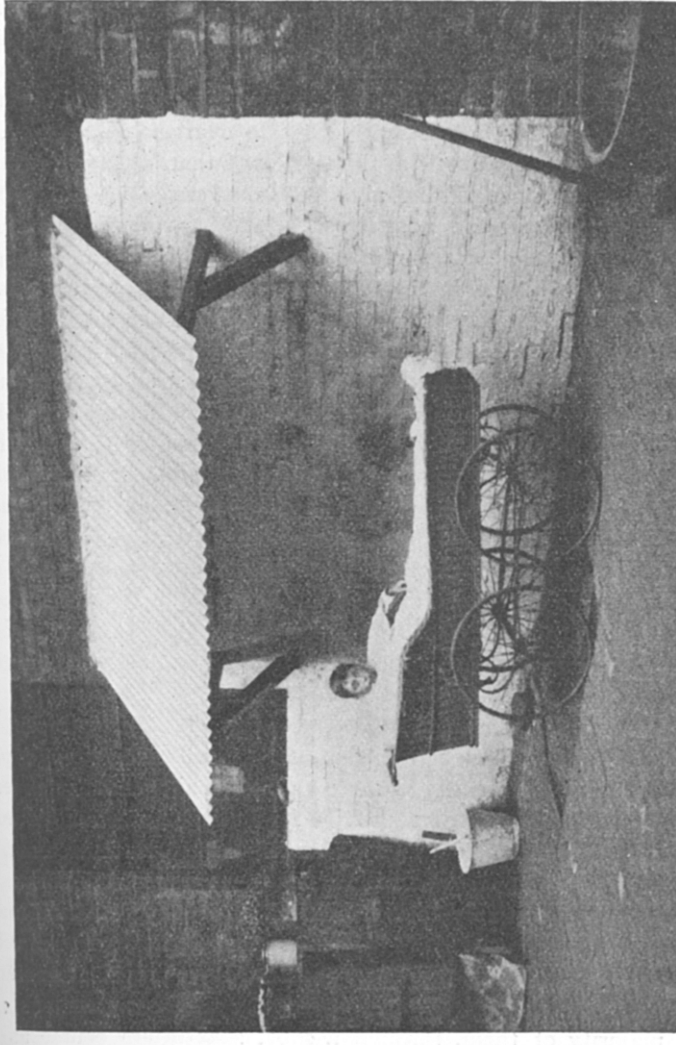
It is the fate of most good movements to be carried to excess, and perverted by the overzeal of their advocates. Thus it has been with the sanatorium movement, which, though it has ceased to support its original valuation, is now being developed beyond its limitations in another direction; and in its present-day guise of a "first-class hotel" for all tuberculous individuals is being worked to the detriment of that type of case which should derive most benefit from it. In the National Insurance Act the term "Sanatorium Benefit" has a deservedly wide application, but I propose here to confine myself mainly to a criticism of the misuse to which sanatorium benefit in the narrower sense of the word is being put at the present time.

In the early days of the movement it was intended that a sanatorium should serve the same purpose as does a fever hospital. It was thought that tuberculous patients, after a relatively short period of treatment as in-patients, would be discharged as cured. Very few, if any, in the light of present-day knowledge and experience, will be found to support this hope of a bygone day. The argument for the routine passage of tuberculous patients through a sanatorium has now shifted its ground, and seems to be that a short residence—say, an average of six weeks—is sufficient so to educate them that on return home they will fling open their windows and generally adopt a hygienic mode of life. It should need but little practical experience to convince any impartial observer that this fond hope is practically never realized. The necessary modicum of practical experience seems, however, usually to be lacking with the officials responsible for the administration of the Act. In a working-class family no one member, as a rule, is allowed to dictate as to the family's method of living; and old customs and inertia are pretty sure to win the day. In any case, the desired reformation could only reasonably be expected when the individual educated is the breadwinner. Now the breadwinner is generally averse to any form of discipline, but being reluctantly forced to admit that it may be a necessary evil in institutional life, he looks upon all the health rules he has heard and seen practised there as so much institutional red tape—on a par with restriction as to smoking, etc.—which he has no intention of submitting to in his own home. Children and others, of course, cannot be expected to initiate any reform on their return home. Thus it comes about that the only argument which can at the present day be advanced in favour of the routine passage of the tuberculous through a sanatorium fails.

Were this all, the matter might be ignored as of small consequence. Unfortunately, however, misuse of the limited sanatorium accommodation has consequences of other and more serious natures. First, it leads to a long waiting list, and thus the type of case which is really in need of institutional treatment is prevented from receiving that prompt admission which may make all the difference to his chances of ultimate recovery. I refer here to a case in an acute condition with temporary incapacity for work, especially where this condition is associated with inadequate means for proper food and attention at home. It is regrettable that where any discrimination is shown it is generally directed against this type of case. The second evil arising from the apotheosis of the sanatorium, as applied to the labouring classes, is that with it goes a corresponding neglect of the patient in his home environment.

The more experience I gain, the more do I realize that the only method of effectively educating the labouring classes in all domestic subjects, of which the prevention of tuberculosis may justly claim to

be one of the most important, is to carry the gospel into the home. In other words, if we are to obtain any appreciable results from our work, it is the family, not the individual, who must be regarded as the unit requiring education. In this connection I should like to



THE DOMICILIARY TREATMENT OF TUBERCULOSIS: AN IMPROVISED SHELTER IN A CITY BACK-YARD.

quote a most valuable passage from the Charity Organization Society's "Report on the Treatment of Tuberculosis in London," which, as a result of careful investigation, states emphatically that "no measure of attack upon the disease has any chance of success unless it begins and ends with the home. Unless the patient is followed there, and both

he and his surroundings are adequately dealt with, the provision of treatment in institutions or by other means is futile." This can only be secured by frequent, persistent, and tactful visiting; and the misuse of the sanatorium tends to obscure this most essential truth, and to lull all concerned into a false sense of security.

The majority of the tuberculous can be treated perfectly satisfactorily from a "dispensary," without ever entering a sanatorium, and the education and supervision not only of the patient but of his family can be carried out efficiently by trained workers acting under the immediate direction of the medical officer in charge. Almost every day I am confronted by unmistakable evidence that far better results are obtained by at once setting about the conversion of a patient's home—with or without the addition of a shelter—into a miniature sanatorium than by temporarily removing him from it. As an example of what may be achieved in this direction, even in a courtyard in a Birmingham slum, I should like to mention the case of a boy suffering from extensive tuberculous disease of the hip and thigh. Two years previously he had been discharged from an institution as incurable. The accompanying illustration shows the minimum shelter which for eighteen months was his only covering, also the carriage in which his mother used to wheel him up to the dispensary for weekly tuberculin injections. Though he began treatment as a helpless cripple, he may now be seen walking about Birmingham with a particularly healthy look upon his face. But he was not the only one to benefit, and on this point I wish to lay special stress. He happened to be well known in the locality, and the success of his treatment, which was carried out in their midst, was a means of converting many to a belief in the value, or at any rate the harmlessness, of fresh air.

Lastly, to review for a moment the financial side of the subject; it is instructive to note that one trained nurse at a salary of, say, £2 per week, can easily supervise fifty or more families, while a similar expenditure would do little more than provide for a single individual patient in a sanatorium. Also, the loss of wages which is unnecessarily entailed by the routine use, or rather misuse, of the sanatorium is a serious matter, and certainly deserves careful consideration, for it may involve allied workers, as well as the tuberculous individual primarily affected. I am convinced, therefore, that the now prevalent anxiety of responsible officials indiscriminately to pass all the tuberculous, or even the majority of them, through a short sanatorium course as a matter of routine is prejudicial in many ways to the best interests of the whole community.