

SOME PROBLEMS OF THE TRUSTEES OF MASSACHUSETTS HOSPITALS FOR CONSUMPTIVES.

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A GREAT ray of sunlight has come to us who have been combating the almost insuperable difficulties surrounding the tuberculosis questions, in the report from Australia of a fall in the death rate to 8 per 1,000 and of the practical disappearance of the tuberculosis question in Victoria.

Even should this latter report be premature, nevertheless, the fact that it can be made by a man of the standing of Dr. Heiser shows that efforts which have been put forward and pushed in spite of failure, mistakes and hostile criticism are along correct lines, for the Victorian victory is but the triumph of segregation and isolation of the patients with this disease.

This gives us here in Massachusetts courage to go ahead and press the laws which we have on our statute books, and should encourage every worker in the individual societies, which make up the League, to work with redoubled energy—not flagging zeal—to spread the health education from the so-called intelligent classes to the most needy and ignorant persons in our midst, always remembering that the well-to-do persons are often the most ignorant.

First of all, let us do what we can to help out the laws which have been proposed to provide hospital accommodations for all who wish and need the protection of the hospital for themselves and for the good of their families.

Let us show to our friends in the legislature the needs in every town, so that we may have the necessary places for segregation of the active tuberculosis patient. Then when that has been accomplished, the dispensaries will begin to pick up the early and suspicious cases and transfer them at once to Rutland and the other sanatoria where the chance of arresting the disease is greatest.

The plans for the general segregation and treatment are complete. They have not as yet been carried to the fulfillment and cannot be for several years to come, under the most speedy conditions. But the fulfillment of the plans can be but a matter of time. Brookline has built a charming little hospital. The Barnstable County Commissioners have been studying their problem. Lowell has selected its site and—this settled—must soon take itself out of the group of laggards. New Bedford will soon increase its facilities—the energetic Mr. Geoghegan assures us—and put itself still further in the lead of all the Massachusetts cities. Malden for the moment is held up by a new mayor. Fall River will build a hospital commensurate to its needs and not be content with one of about one-third the proper size. All this is of the greatest encouragement and gives promise of greater advances in the future.

The move made by the State Board of Char-

ity to raise its payments for state cases from \$7 per week to a sum nearer to the actual cost of maintenance in the various local hospitals will do much to diminish the discontent which one finds cropping out regarding so-called state cases.

There is earnest work in all directions being done by the Department of Health and there is the fullest coöperation of that Department and the Trustees of Hospitals for Consumptives, this coöperation manifesting itself in the constant courtesies between the Inspectors of Health and the physicians in the districts and our after-care worker, who does much to help them in many outlying districts; and on the side of the towns and cities, the dispensary nurses are helping and taking the burden from our after-care worker in many communities; and doubtless the time will not be far distant when other cities and towns will be able to report all that she wants to know by the mere writing of a letter.

But although much in the way of coöperation has been accomplished, there are still communities where the idea of getting in step and making a mighty effort to get the upper hand of the tuberculosis problem does not seem to have penetrated. There are boards of health who seem to prefer to see how little they can do, who will not acknowledge that they have any tuberculosis to deal with; who only know those few cases reported by physicians and who make no attempt to have all cases reported; who point with pride to an unsuccessful clinic and who seem to gloat if they can find an advanced case that they can force upon the state sanatoria. A few boards have all of these uncoöperative tendencies—and many more develop some one or two of them. The point of view of the state policy is misunderstood and opposed. That there are reasons for such misunderstandings, I can well appreciate, but I know that every one in the Hospital Department and in the Department of Health and in the Board of Charity would be willing and glad to talk to any disgruntled and perplexed individual to try to smooth out these difficulties; and with a little more cordial getting together many of the misunderstandings can be done away with. So when you, as workers in the cause, hear of misunderstandings, urge a personal interview and see if the matter cannot be straightened out.

A perpetual problem for the Trustees of the Hospitals for Consumptives is the difficulty of administration. In the four sanatoria are gathered together a thousand patients—Gentile and Jew, white and colored, and native and foreign born, even to the dwellers of China and Mesopotamia, united in the common bond that they are the victims of the bacilli of tuberculosis, and are sick.

It is not to be wondered at, that many of the patients are homesick, often *unreasonable, suspicious* and *unhappy*. Their manner of life has been interrupted abruptly by sickness and they

are expected to conform to institution rules and regulations which should be strict so as to secure for the patient the greatest chance for recovery and return to economic usefulness in the shortest possible time.

The response of the patients to hospital life is very different. The great majority say that they wish to get well and they think they mean it, but in spite of this many of them drift into the indifferent class, apparently quite content to eat and sleep, and beyond that to do little to help themselves or their neighbors to improve. This group of seemingly indifferent people are a great drag on the medical staff and upon those patients who are zealously trying to return to health and work. The boundary line in this group is very indistinct and many would be surprised to be considered therein. Some are only there occasionally, sliding down in a fit of the blues, while at the other end, a few drop down from the indifferent group into the undesirable class; that is, the group to whom all rules and regulations are anathema and their whole attitude is one of opposition to authority.

We have to take the men and women as they come, with various undesirable habits fastened upon them, and they do not leave these at the doors of the institutions. Some of these habits have been a factor in their undoing and falling a victim to the bacilli of tuberculosis—but by them this fact is usually not recognized.

With this heterogeneous mass of patients the institutions have to deal. The work is for a great part educational, trying to show why the rules and the regulations are made and why their enforcement is necessary. The coöperation that is secured between the staff and the patient has to be founded on intelligence and not on discipline, and yet there must be a line where forbearance and patience cease to be virtues and discipline must be maintained. For the intractable group of patients, of whom there are many in the community, and the Boards of Health are in touch with many more of them, because only too often they will not enter voluntarily any institution—there must come some place where these persons who are a menace to the community can be segregated; where they will be under control as menaces to the public health and not allowed to endanger the wellbeing of others. This to my mind must follow quickly on the establishment of all the necessary local hospitals that are now planned. It is, however, to be hoped that with the spread of education and temperance reform, and other uplift work, that this group may grow so small as to become a negligible factor in the tuberculosis campaign.

It is to my mind a debatable question whether the state should build a new institution to which should be sent the intractable and indifferent patients and those state cases which do not belong in the Tewksbury group and for whom there is no provision in the local hospitals, or whether one of our present institutions can be enlarged

to advantage so as to take care of these cases and to use the other three for the really early and curable cases.

Again, what is to be the future of the work for children? The start at Westfield is most encouraging. Is it to be developed then to the exclusion of adults and will this very growth among the children make a new state institution necessary?

These are perplexing questions which I find it difficult to answer, practically impossible of answer until the new hospitals are in full working order.

In a recent bulletin of the New York Department of Health the statement is made that the nurses of the department were finding five cases of tuberculosis for every death reported. The Industrial Accident Board are having cases of tuberculosis put up to them as industrial accidents and there are judicial decisions which make it possible that such claims may be allowed. If that is so the employers of labor will have to protect themselves by physical examination of their employees, and there will be a demand for sanatorium treatment of many very early and suspicious cases such as never before has arisen. Are we as yet, in our plans, even prepared to meet this probable demand for early sanatoria treatment?

In New York City there has been such pressure for beds for active cases that we are told that patients are discharged who have a certain number of negative sputum tests. This is an entire abandonment of all attempt of cure for purposes of segregation. The emphasis is put on the community at the expense of the individual. This extreme position does not seem to me justified; persons with tuberculosis should be segregated, it is true, but, if possible, they should be cured and returned to the community, able to be useful citizens once more. Arrest of the disease and return to economic usefulness should be the purpose of the state in its work as well as mere segregation.

Nevertheless, there are a number of patients who, after a period of progress, seem to come to a standstill, or the progress is very slow, indeed. Some, though this active progress is arrested, show that they can never become self-supporting, active citizens again. They can live—and live happily—under the protecting walls of an institution. Some of these persistently have bacilli and some never have bacilli or, at most, at rare intervals.

What shall be the attitude of the state to these persons? In the course of years, groups of this class of patients tend to collect at various institutions. What shall be done with them? To this group must be added the group of patients where, in spite of marked symptoms and signs in their lungs, there is nevertheless grave doubt whether the process is even that of real tuberculosis, but rather of so-called chronic bronchitis or bronchiectasis. These people are sick and suffering, but they are not,

so far as we know, dangerous to the public health. To what extent should the state make provision for their care?

A difficult therapeutic question is how—after the period of rest has passed, and the patient has returned to a normal temperature, and bacilli have disappeared from the sputum—shall he obtain the graduate work necessary to put him in the best possible condition to enable him to return home capable of being a productive citizen? Nowhere that I have been able to learn has this been accomplished in any manner that has been applicable for transplantation to the large number of patients who are in the state sanatoria.

Such are a few of the questions which must engross the person interested in the work of combating tuberculosis in the State of Massachusetts. Some of them cannot be solved in the near future and only time will show in which way our energies shall be directed.

For the present the most important thing for all workers in the tuberculosis crusade is to encourage coöperation between the state agencies, the Department of Health, and the Trustees of Hospitals for Consumptives, which are working in complete harmony, and the various local agencies, the local Boards of Health, the people who control the municipal funds—whether for the benefit of the individual case or for the construction of much needed hospitals, or the maintenance of the municipal dispensary with proper nursing force.

THE VALUE OF A PROGRAM OF WORK FOR ANTI-TUBERCULOSIS SOCIETIES.

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IN one of the papers the other day I noticed in one of those "how to keep well" essays the doctor, when trying to convince the citizens of the value of going out in a snowstorm, used three arguments. In the first place, it was good for the digestion; in the second place, good for the complexion; and, in the third place, all the first families did it. So that, trying to follow that rather simple line, I think first, when we consider the value of a program, we might consider the work that Dr. Strong did in Serbia. You know when Michelangelo was asked to criticize a drawing or painting, it is said his way, if the drawing were very bad, was to do it himself. Just for a moment let Dr. Strong do it for us.

As I understand it, with his knowledge and with his experience he formed his own tentative program, but that before he went to Serbia at all, he went to London and to Paris and arranged for the coöperation of the Allies in Serbia, before he even reached there. Then when he got to Serbia he adapted his program to the

needs of Serbia as he saw it, and then again put his program before the people, whose coöperation already was secured, and together they went ahead. But from the first moment there was a program.

Turning now to another aspect of it, what would you think of a business man with a large business of his own who did not take account of stock at least once a year and map out what he was going to do? What would you think of an engineer who was going to bridge a flowing river, who did not make a plan? What would you think of a political party that did not have a program? It is true the political parties call their programs "platforms," because platforms are something you can step away from after election. These might parallel the "first families" in the keep-well essay. But seriously what should we think of a farmer who did not go over his farm and survey his land or see where his fences needed to be mended, at least once a year? Or the woman who did not consult a fashion book when spring comes? Or the automobilist who did not look at a motor catalogue, or a gardener who did not consult Farquhar's or Breck's or some other seed catalogue when the days begin to lengthen? All the active world has a program. Surely the germ world has a strong one. Why shouldn't we have one?

A program really is intelligence as opposed to chance; selection opposed to whim; recognition of a community's needs opposed to individual idiosyncrasy; the rudder opposed to the thistle-down, the antipodal point, whatever it may be, opposed to that immortal progeny called "Topsy, that just grows."

As a working hypothesis merely, let me assume that you are convinced, and with your permission I will leave the immediate subject and turn to something else. I happen to belong to an association that is interested in starting societies for charity organization throughout the United States. When we are asked to go into a community we do not take a ready-made program from the New York office, but we visit and study that community and make up a program applicable to it. If I were to suggest a detailed program for a tuberculosis association in a community, rural or otherwise, I should first get in touch with all the agencies there that were already dealing with tuberculous patients, and from their records and experience learn the needs in that community relating to the prevention, first, and then the care of tuberculous patients. I mean by agencies, the local board of health, the overseer of the poor, the visiting nurse association, the Associated Charities, the school nurse, and other local workers, and also Miss Billings, Dr. Stone, Dr. Hawes, Mr. Stone, Dr. McLaughlin, the State's agents who work in all communities, and find out what they think should be done.

In general, however, for all communities there is the minimum which the Commonwealth of