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SANATORIA FOR CONSUMPTIVES.

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Medical Opinion on the Treatment.

The Executive Committee of the Welsh Memorial to King Edward, which has collected £200,000 to be devoted to a campaign against consumption in Wales, has obtained from Sir Clifford Allbutt, Sir Lauder Brunton, Dr. A. Latham, and Sir William Osler a statement on the value of the sanatorium treatment of the disease. This statement, which is published in the current issue of the British Medical Journal, sets forth in untechnical language the part that sanatoria may be expected to play in any organized campaign against consumption.

The signatories of the statement divide their comments into four classes, of which the following is a summary: -

Class I. - Those patients who become infected and recover without knowing they have been infected. In these the dose of poison absorbed is practically never beyond the capacity of the defensive forces, and so acts as a stimulant.

Class II. - Those who would recover if given a holiday at the seaside or some measure of out-door treatment. In these cases the defensive forces want assistance. The insanitary conditions, want of food, &c., under which the patient lives, diminish the capacity of his defensive forces, and so enable the bacilli to make further inroads. When the patient is removed from these devitalizing conditions his defensive forces automatically become able to fight better and to deal adequately with such doses of poison as may be absorbed. Consequently, in such cases, were we in a position to guage the exact condition of affairs, treatment in a sanatorium would be unnecessary.

Class III. - Those who need careful treatment in a sanatorium. In this class the dose of poison is generally greater than the capacity of the defensive forces, and therefore the amounts of rest and exercise to be taken require constant supervision.

Class IV. - Those who are going to die from infection, whatever may be done for them. This failure is probably due to (1) the incapacity of the defensive forces to respond; (2) the excess of the absorbed poison even in absolute rest is beyond the capacity of the defensive forces.

The doctors add: -

It does not require much thought to see that in a national campaign dealing with persons whose income is below £160, treatment in efficient sanatoriums is a vital necessity. It is asserted that tuberculin, used in dispensaries for patients who continue to work, gives results as good or better than treatment in a sanatorium. Treatment by tuberculin in Class I or in Class II is well known to give excellent results, but so does practically any other form of treatment. In Class III, where doses of poison are, on the whole, in excess of the capacity of the defensive

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forces, tuberculin cannot safely be used except under constant supervision. If the regulation of the absorption of a man's own poison - his own tuberculin - requires supervision, it follows that the administration of prepared tuberculin requires the same close observation. . . . Of the value of tuberculin there is no question. Its use is of great value, not only in Class II but also in Class III - that is, in patients who require sanatorium treatment. We come, therefore, to the conclusion that neither sanatorium treatment nor tuberculin should be depended upon solely, but that both should be used under conditions which facilitate the closest supervision. . . . The majority of existing so-called sanatoriums are inefficient, and the treatment given is not "sanatorium treatment" but a treatment in an institution labelled a sanatorium and consisting of little more than fresh air and abundance of nourishing food, but without adequate medical supervision and the necessary regulation of rest and exercise. . . . A sanatorium of a permanent character can be erected and equipped for a little over £100 a bed. The cost of maintenance and administration would amount to rather less than 25 s. a week per patient.

There is no such word as Sanatorium