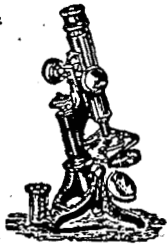


## Medical Matters.

### THE TREATMENT OF PULMONARY TUBERCULOSIS.



Dr. George W. Goler, Health Officer and Attending Physician, Municipal Hospital for Tuberculosis, Rochester, New York, contributes the following interesting notes on the Treatment of Pulmonary Tuberculosis to the *Journal of Outdoor Life*:

The present aim in the treatment of pulmonary tuberculosis is to raise the defensive powers of the body, until we obtain a serum that shall have sufficient antitoxic and bactericidal powers to artificially increase those defences. How shall we raise the natural defences in the body? We cannot do it by iron or digitalis, nor by the use of oils and malts or hypophosphites. Of what particular value are these or any other medicinal measures in the treatment of pulmonary tuberculosis? Do they increase the body defences? Have they any effect upon the dense envelope of the biologically active tubercle bacillus or upon its products? Can it be said that in any way they raise the natural defences of the body as we now understand them? The most ghost-like faces of patients affected by pulmonary tuberculosis look out from dusty occupations in grimy work-shops; from the rooms of high-priced tenements they cry out for relief. Do these people take drugs when they need air, malt and oils when they can hardly afford to buy butter? Are they directed to exercise when they should have rest? What is there that can so increase the natural antitoxins in the body as air and sunlight, food and rest and freedom from dust? Are not these of more value than all else in the treatment of pulmonary tuberculosis? Must they not be our main reliance until we get an antitoxin serum of high defensive power? And when we get a serum, must not even the serum be secondary to these? If we had to-day a serum whose antitoxic or bactericidal powers, or both, would increase the defences of the body against tubercular disease, would we be much better off so long as our people live under such conditions as those which help to make tuberculosis?

And if we were really to influence this disease markedly by the use of an antitoxin, would we not raise a barrier against one disease only to allow some other disease to come in as a penalty which many must pay for too much civilisation? These are some questions which we must ask ourselves, and to which

as a people and as a profession we must soon give an answer.

But the resisting power of the individual—how to increase that? Must we wait until tubercular disease has made its attack before we increase that individual resisting power? Do we as a profession recommend that our child patients have their tonsils, and especially their adenoids removed, so that these possible portals of infection may be closed? Do we ask that our little patients go to the dentist, not that their teeth be filled or extracted, but that they be regularly and systematically cleaned, and thus saved? Do we explain to mothers and fathers the effect of mouth breathing upon the teeth, and do we tell our patients, who employ and trust us, all the late remote effects of mouth breathing upon the teeth, and the effects of the decay of the teeth upon the decay of the whole organism? Later, when post-nasal obstructions have given rise to fixed changes in the upper air passages and in the teeth, and these have so combined as to produce nutritional changes in the whole body, then, even then, is our attention directed to that care of the upper air passages, of the mouth, and of the teeth, that the organism with its lessened resisting power demands? A well patient must breathe and chew to live. How much more necessary is it that a sick patient should properly aerate his tissues and should properly masticate his food in a clean mouth and with clean teeth. In the past eighteen months I have examined about one hundred and fifty patients with more or less evident tuberculosis, and in about two per cent. of the cases have the teeth been moderately clean. Most of these patients had mouths that were foul beyond description. Nearly all of them had been under treatment for pulmonary tuberculosis from several months to one or two years. One patient who had been in a well-known sanatorium for several months had a collection of salivary salts, bacteria, and other stuff on his teeth, in places a quarter of an inch thick. Few of these patients have ever regularly used a tooth-brush.

Nasal obstruction, hypertrophied tonsils, and untreated chronic nasopharyngeal disease were found in a majority of the patients examined. Now, all of these patients had been taking medicine of some kind, and yet with dirty mouths and obstructed nasal cavities only a small percentage of them had been directed by their physicians to sit out of doors, to sleep with their windows open, or to systematically use a tooth-brush.

Many patients coming to the Municipal Hospital, complaining of nausea, vomiting, loss of appetite, constipation, wakefulness, and the

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