

## Medical Matters.

### TUBERCULOSIS IN THE INSANE.

The *British Journal of Tuberculosis* for the current month contains some very interesting articles in relation to tuberculosis under special conditions, one of which on "Tuberculosis in the Insane" is by Dr. Robert Jones, F.R.C.P., who says that "both medical and lay authorities responsible for the management, housing, and treatment of insane persons have for some years realised the association between insanity and tuberculosis, and the necessity there is for isolating cases of infection among the insane equally with that which exists among the general community," and, moreover, that "the insane, as a class, are especially liable to tuberculosis, and that the infection may remain latent and unrecognised in them for a considerable time, thus acting as *foci* of infection to those around them. It is also well-known that asylum life, with its cloistered detention—the patients being most of the twenty-four hours under cover, and in rooms often so warmed as to interfere with ventilation—favours tuberculosis, that the condition of things in many of the asylums is not in accordance with the demands of recent scientific developments, supporting Dr. Clouston's grave and responsible statement that in his opinion four-fifths of all cases of phthisis in the insane had contracted the disease after admission, and that in his experience a large number of them possessed an undue hereditary predisposition to tuberculosis as compared with the general population. It was strongly urged (in 1899 in an essay by Dr. F. G. Crookshank which gained the bronze medal of the Medico-Psychological Association of Great Britain and Ireland) that the great desideratum in asylums was the immediate separation of the tuberculous from the healthy and it stated also that most asylums were overcrowded, that the dietary of asylums, speaking generally, was deficient in certain elements of food, and that open air verandahs should be provided as means for carrying out the special treatment which is now the rule. It was felt that the prevention of tuberculosis was a beneficent, compassionate, and an imperative duty. The trend of public opinion has favoured this view, and during the last few years the country has been astir with hopes of relief from this widespread and deadly foe."

Dr. Jones further states that a committee of the Medico-Psychological Association, which considered the collection and investigation of evidence, "agreed that phthisis was prevalent in our public asylums to an extent which called for urgent combative measures, that a large

number of cases acquired the disease after admission into the asylum, and that the special causes which accounted for the prevalence of phthisis were: (a) Overcrowding, with consequent insufficient day, and especially night, cubic space; (b) insufficiency of hours in the open air; (c) defects in ventilation and heating; (d) uncleanly habits; and (e) an unsuitable dietary. The means of prevention advocated by the Committee insisted primarily upon the early diagnosis of phthisis as the most important step in its treatment and control." Dr. Jones points out that this is no easy matter for the melancholy cases respire slowly, shallowly, and infrequently; they will refuse to speak or to intone; they will not respond to any request made to assist diagnosis. Again, the extremely restless, maniacal, or agitated cases absolutely refuse to be examined. "Those who are accustomed to auscultate sane patients are liable to adversely reflect upon the diagnosis of the asylum physician being ignorant of the difficulties confronted by him."

A difficulty in regard to the tuberculous insane is that "the state of health of the insane person needs warmth, and artificial warmth is not infrequently equivalent to defective ventilation. . . . Promiscuous spitting is a habit which the insane may affect to an extreme degree, and I have seen sheets hung as an artificial wall round the bed of a patient who continually spat round him, these being taken down daily and disinfected by germicides and boiling. The ordinary dietary in many, or probably most, of the asylums is admittedly deficient in nutrition for sick persons, already reduced by the exhaustion of maniacal fury, sleeplessness, and privation. This dietary in asylums, in order to meet the normal appetite, is a fairly average mean between two extremes, viz., over-abundance and starvation, or, perhaps it is better expressed 'under-abundance.' Even as fixed in most asylums, it is in excess of the small appetite, and possibly insufficient for the unusually large ones. I believe it to be quite insufficient," says Dr. Jones, "for the tubercular class, in the fatty elements of food represented in the phosphorus-bearing elements, such as lecithin, and to meet some deficiency in the 'tubercle wards' I am in the habit of adding one ounce of extra fat or dripping to the dietary of those diagnosed as suffering from early consolidation, and I must state that the results have justified the additional fat."

The Editor of the *British Journal of Tuberculosis*, Dr. T. N. Kelynaek, is to be congratulated on the large amount of expert and interesting information contained in this up-to-date journal.

[previous page](#)

[next page](#)