

The Tuberculosis Conference.

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JULY 20th.

The proceedings of the Annual Conference of the National Association for the Prevention of Consumption and other forms of Tuberculosis was presided over on July 20th by Sir Richard Douglas Powell, who said that two groups of cases had to be dealt with—the new ones which arose annually, and the residual tuberculous. They had to learn what was best to do for each group, how to educate them in sanatorium methods for their own safety, and that of those dear to them, as well as of their neighbours, and how to secure doctors and nurses. It was possible that immunity was an unrecognised force in lessening the proclivity to the disease in civilised communities.

TUBERCULIN.

SIR WILLIAM OSLER, Regius Professor of Medicine in the University of Oxford, said that the great majority of those who reached maturity were affected with tuberculosis, so widespread was the germ. There were two essentials—education of the public and education of the doctors. He warned the latter against assuming that every patient who showed a little deviation from the normal was tuberculous, and that tuberculin was the final test of correct diagnosis—as good results might be obtained with any or no treatment. Cases must be treated with common sense, and a tuberculous patient must be under the thumb of a capable doctor and a good nurse, because one of the chief features in the successful treatment of tuberculosis was the keeping of the patient under rigid discipline. Nevertheless, the patient must work out his own salvation. He must understand that the battle was his, and he must do the fighting. He pleaded for more complete association of the tuberculosis dispensaries with the general hospitals. They had the necessary laboratory facilities, and ought to take up this work, and could also develop their social service side in following up the patients in their own homes. He dreaded very much the growth of a group of men whose whole work, knowledge, and life was in a tuberculosis dispensary; they must necessarily become narrow. Splendid work was being done in sanatoria, which could be done in no other way. They still lacked a specific in the treatment of the disease, but in tuberculin had a remedy which, properly used in suitable cases, was of unquestionable efficacy.

THE VALUE OF SANATORIUM TREATMENT.

DR. ARTHUR LATHAM, Physician to St.

George's Hospital, and Mount Vernon Hospital for Consumption, said that Sir Almroth Wright's work on auto-inoculation, and that of his pupils showed that the amount of movement, or exertion, determines the quantity of blood and lymph which goes through the lung; this in turn determines the amount of poison swept from the local infection of the lung into the general circulation, and this again determines the task which the defensive forces have to meet. If the amount of poison swept out as the result of movement is within the capacity of the defensive forces, movement will do good, as it will act as a stimulant. If movement sweeps out a dose of poison sufficient to overpower the defensive forces it does harm, for the disease receives no check and so extends. In sanatorium treatment there are three chief principles (1) the supply of fresh air, (2) the supply of good food, (3) the constant skilled and minute control of the amount of exertion undertaken. It was not always essential that sanatorium treatment should be carried out in an institution. If, however, an attack was to be made upon the incidence of the disease amongst those with an income of £160 or less it was difficult to see how it was to be done without the provision of sanatoriums.

By means of sanatorium treatment, properly carried out, and properly supported by the other methods of attacking the scourge of consumption, a man's capacity for work could be restored, in between 50 and 60 per cent. of the early cases, so that he retained his economic value for at least five years after leaving the sanatorium. If sanatorium treatment had not hitherto met with universal acceptance as efficacious in a campaign against consumption, it was, in the first place, because the majority of existing so-called sanatoriums were inefficient. Again, they were regarded in some quarters as a certain cure for every case of consumption, a position no responsible member of the medical profession, or level-headed layman, had ever claimed for them. The sanatorium was an important link—but only a link—in a comparatively long chain. Thirdly in the past the erection and maintenance of sanatoriums had cost far too much. Apart from the cost of land, a sanatorium of a permanent character could be erected and equipped for a little over £100 a bed. The cost of maintenance and administration should be under 25s. a week per patient. A fourth reason had been the difficulty of persuading the breadwinner of a family to go away early enough, or stay away long enough, but much of this difficulty should be swept away by an

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