

Another point which must be mentioned with reference to treatment is the chronicity of the malady. It can present itself as an acute infection, but such cases are almost invariably fatal and are at present beyond the scope of treatment, but in the great majority of adults the infection assumes a very chronic character lasting generally from three to seven years. It is interesting to note that there is a tendency for the lesion to heal in one part and progress in another, so that you can easily realise that in such a long time as four or five years many varieties of pathological pictures can develop.

Now these different conditions, although due to the same infection, will not need the same treatment; it is therefore necessary to remember that *all* cases of Pulmonary Tuberculosis must be considered individually. What is good for one may not be good for another. Each case must be judged on its merits and treated according to its own peculiarities.

Treatment is therefore prescribed after carefully considering the case in detail and a good result is anticipated, for it is quite useless to attempt to administer treatment to patients suffering from Pulmonary Tuberculosis unless you are an optimist. It is extraordinary how quickly a patient will detect the presence or maybe absence of this spirit of optimism, and will be so influenced in moulding his own outlook.

Then when our treatment is completed, can we tell the patient he is cured?

That is one of the most difficult of questions. We have no means of determining if the disease is inactive. The absence of the signs of activity, such as rapid pulse, fever, cough, sputum, etc., does not necessarily mean that the disease is arrested. It is easy to see that the date of terminating treatment is difficult to fix, also it is far more difficult to give the patient an answer to the very usual and pertinent question of: "How long will my treatment last?"

At any time during treatment the disease may be complicated by a hæmoptysis, or an acute local spread may develop quite suddenly, or perhaps a pleurisy may cause quite severe symptoms which will delay treatment and prolong the period of stay in the sanatorium. Often a patient who has made excellent progress and is apparently fit for work will be unable to do a four-mile walk without constitutional symptoms. This uncertainty as to the degree of activity present is a great drawback when we are considering the results of treatment, as we cannot definitely pass a final judgment on any case and cross it off our list as cured.

There are just two other details about the disease which I must bring to your notice. One is the age incidence. In Pulmonary Tuberculosis we find that the majority of cases are young adults. The pulmonary infection shows its greatest activity between the ages of twenty and forty, just the period when an individual is of greatest value to the State, and the time of life when his activities should be greatest.

Lastly, I would have you remember that the tuberculous patient often develops a definite psychosis. His attitude towards his fellows, and his superiors, may be irritable and erratic; depression, exaltation, obstinacy, feebleness, may all exhibit themselves strongly from time to time in his actions. These all play a great part in deciding the type of treatment desirable and the result which may be expected. It also supports my previous statement that cases of Pulmonary Tuberculosis must be treated individually.

Having surveyed the outstanding features of the disease which affect treatment we will pass on to the historical side of the subject.

HISTORICAL SIDE OF THE DISEASE.

Our ancestors looked upon Tuberculosis as a definitely incurable disease. There was, therefore, little attempt to do anything but relieve the symptoms. So we find all kinds of wonderful prescriptions to stop the cough. Inhalations were very popular.

Curiously enough we do not find in the very early records any mention of a good nourishing diet, but on the contrary, such advice as:—

CONSUMPTION REMEDIES, 1807.

- (1) Cold bathing.
- (2) Drink nothing but water. Eat nothing but water gruel without salt and sugar.
- (3) Take no food but new butter, milk and white bread.
- (4) Every morning cut up a little turf of fresh earth, and lying down breathe into the hole for a quarter of an hour.
- (5) Take in for a quarter of an hour, morning and evening, the steam of white rosin and beeswax, boiling on a hot fire-shovel.
- (6) Take, morning and evening, a teaspoonful of white rosin, powdered and mixed with honey.

These remedies are recorded in a book on Primitive Medicine, written by John Wesley in 1807. In 1828 a certain Dr. Milligan read a paper to the Westminster Medical Society and advised treatment of phthisis on the following lines:—

A vegetable and milk diet.

Daily exercises.

Warm clothing.

A room temperature of 60 deg. to 68 deg.

Residence in the South of France or Italy during the winter months.

A mixture containing Digitalis, Nux Vomica and Iodine.

If the patient, he states, has pain in the chest or hæmoptoe, then blood letting may be had recourse to, but should be used cautiously and the local abstraction of blood by cupping or leeches is preferable to general blood letting.

You will note that the temperature of the room was to be between 60 deg. and 68 deg. F. Even in 1846, when Brompton Hospital was opened, this idea was held so that the building was ventilated by fresh air drawn over hot plates in order to keep the rooms at a temperature of 60 deg. F.

The first attempt to construct a building particularly for the treatment of Tuberculosis seems to be that of an Italian nobleman, who erected the Ospedale San Luigi de Gonzaga in 1794.

From the description in Opperts "Hospitals," published in 1865, the building was of stone, two stories high, containing twenty-four single wards radiating from a central block in which was a chapel and accommodation for nurses.

It is rather extraordinary to find this early building very similar in design to the Brompton Hospital Sanatorium at Frimley, which was built 120 years later. I can find no records of the type of treatment carried out at this early Italian hospital, and we find little of importance in the literature until we come to the attempt of Dr. George Bodington to introduce "open air" treatment at Sutton Coldfield in 1840. This worthy doctor converted part of his house for the treatment of tuberculous patients on what may be termed the principles of present-day sanatorium methods. The new treatment was ridiculed by the profession, and Bodington had to close his institution owing to the unsympathetic attitude of his colleagues.

Nineteen years later Herman Brehmer established the first successful sanatorium, and in America Trudeau opened the Lake Saranac Sanatorium in 1884.

Frimley Sanatorium was opened early this century by King Edward VII, who took a great interest in the problems of fighting Tuberculosis. Results were good, so that

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