

sanatoria were built all over the world, and to-day there are well over 100 such institutions in this country alone.

But Tuberculosis workers quickly realised that it was of little use taking patients from their homes and admitting them to a sanatorium without a definite programme of treatment. A sanatorium must be far more than a convalescent home, or as Dr. Paterson ably puts it—a home for Tuberculosis. So we find medical men striving to administer beneficial forms of treatment to the patients in sanatoria.

We can trace the introduction of absolute rest and graduated exercises based on the theory auto-inoculation, a treatment which was commenced with remarkable success by Dr. Marcus Paterson, at Frimley, to whom the whole Tuberculosis world owes a great debt of gratitude for the magnificent pioneer work he did in establishing sanatorium treatment on a firm and sure foundation.

Then we have the work of those who realised that even auto-inoculation was insufficient and slowly but surely evolved the modern conception of collapse therapy. This treatment was suggested in the form of an Artificial Pneumothorax over a century ago, and Dr. Casson, of Liverpool, advocated it in 1821. It remained for an Italian, Forlanini, and a Frenchman, Potain, to put the treatment into practice in 1884. The results were encouraging, and after Brauer, of Hamburg, and Forlanini, had made their reports, we find Sir Horton Smith Hartley and Dr. Vere Pearson, along with Dr. Lillingstone, commencing the treatment in England. To-day there are very few phthisiologists who do not carry out, and consider the treatment beneficial in the unilateral case. Artificial Pneumothorax treatment led to more heroic surgical measures to ensure collapse of the lung. Saugman, in Denmark, and Brauer, in Hamburg, both keen supporters of Artificial Pneumothorax treatment, began to perform throtoplastic operations on patients who were unable to receive the former treatment.

Their work has been followed by Gravesen, in Denmark, Roberts, Tudor Edwards and Morrison Davis, in England, and now is a recognised valuable form of treatment. Of course, there are other surgical measures that can be resorted to, but I shall have to leave those until we consider the treatment in detail.

The bacteriologist has not been idle during these years of progress, and immediately after the discovery of the Tubercle Bacillus by Koch in 1882, many attempts were made to prepare a vaccine. Difficulties were encountered owing to certain peculiarities of the germ, but the outcome of the work has given us the many Tuberculins which are used for treatment and diagnostic work. The story of their use and value is a long and debatable one, and I must leave it for another day.

Lastly we have the great volume of work that has been done in trying to find an artificial preparation that when administered either by mouth or injection will arrest the disease, and included in this work we have all those treatments which come under the term of Chemo-therapy. There have been hundreds of substances recommended for the treatment of Tuberculosis—some have found more favour than others. I shall mention a few, in particular, the use of Sanocrysin, on which so many opinions have been passed.

Evolving out of sanatorium treatment we have the Tuberculosis Colony, where permanent settlement of the patient is aimed at, and suitable occupation given, if possible, on a sound financial basis. In England this scheme has been successfully developed by Dr. Verrier Jones, at Papworth, and other public authorities are seriously considering adopting the principles involved and establishing similar colonies in various parts of the country.

So we see the tremendous changes that have taken place since the days when the disease was considered incurable.

We have not found the remedy, but to-day the horizon is much brighter for the patient. We all live in hope, and I fully believe that eventually the correct and successful treatment will be found which will relieve the world of this distressing malady.

In my foregoing remarks I stressed the importance of considering the details of each individual case and then deciding upon the treatment to be advised.

Let us consider that a case of Pulmonary Tuberculosis comes up to us for treatment. What are the problems that confront us? The patient, either by faulty living or abnormal contact with the infection has an active progressive tuberculous lesion in his lungs. His natural resistance to the infection has broken down. It is therefore our aim to restore this resistance so that the progress of the disease shall be stopped and, if possible, the damaged areas healed and rendered inactive. Also we must instruct him and teach him how to live correctly and healthily, so that the probable form of his breakdown will not cause him to relapse when a cure, or as near a cure as possible, has been effected.

These ideals should be before us in all cases, but unfortunately, many patients come to us when their resistance has broken down to such an extent that it is impossible to restore them to health.

It is therefore necessary to categorise our patients into three classes.

Firstly, those in which a good, permanent result may be anticipated.

Secondly, those who will benefit temporarily by treatment and in whom the lesion may, under suitable conditions, become arrested.

Thirdly, the hopeless case in which no good result can possibly be obtained.

Having classed our patient it is then necessary to decide on the form of treatment, and it is generally necessary to observe him for about three or four weeks, during which time temperature and pulse charts are kept, a record of the weight is made, sputum is examined. The case is carefully examined and an X-ray photograph is extremely useful. Sometimes the sedimentation rate of the blood will be helpful, and often the reaction to exercise will give further information of the amount of toxæmia present.

You will see that to decide upon the treatment cannot be done at one consultation but should be done in a sanatorium or hospital where these observations can be made. This is becoming more and more necessary, owing to the variety of treatments which are being brought forward each year. All these treatments are suitable for particular cases, and it is therefore essential to obtain every possible amount of information about a case before subjecting the patient to any of the recognised treatments available, for a mistake may be very harmful; nay, it may even mean a fatality which, when due to an error of judgment, is indeed a great tragedy.

PIT-HEAD BATHS.

In the opinion of Mr. E. Shinwell, the Secretary for Mines, pit-head baths are the finest social reform the mining community can aspire to. Since the inception of the Miners' Welfare Fund and the Mining Industry Act of 1926, 78 pithead baths have been established, involving an expenditure of £1,300,000, and affecting 100,000 miners.

MEDICAL RESEARCH.

The Annual Report of the Medical Research Committee for the year 1929-1930 has now been issued, in which special attention has been paid to the scientific development of clinical work. We hope to devote adequate attention to it in our next issue.

[previous page](#)

[next page](#)