

THE TREATMENT OF PULMONARY TUBERCULOSIS.

The Second Lecture on the Treatment of Pulmonary Tuberculosis was delivered by Dr. Frederick Heaf, B.A., M.D., Superintendent of the Colindale Hospital, Hendon, on Thursday, January 29th, at 5.30 p.m., at the British College of Nurses. The President, Mrs. Bedford Fenwick, was in the chair.

LECTURE II.

- (1) SANATORIUM TREATMENT { Treatment.
Education.
- (a) Daily Routine.
(b) Rest.
(c) Diet.
(d) Fresh Air.
- (2) TREATMENT BY AUTO-INOCULATION—REST AND GRADUATED EXERCISES.
(a) In Theory.
(b) In Practice.
- Advantages { Cheerfulness.
Natural Cure.
Disadvantages { Personality of Patients.
Monotony.
Absence of Controls.
- (3) OCCUPATIONAL THERAPY AND DEVELOPMENT OF COLONY.
- (4) TREATMENT OF SYMPTOMS.
Cough.
Dyspnoea.
Night Sweats.
Hæmoptysis.
Malaise.
Dyspepsia.
Insomnia and Pain.

The sanatorium has now become to be recognised, almost universally, as the proper place to treat Pulmonary Tuberculosis. Patients are sent there for two reasons.

Firstly, to receive correct treatment under ideal surroundings and daily supervision; and

Secondly, to be educated so that they will be able to live healthily and wisely after leaving the institution, and also to be educated in the rules of hygiene which will prevent them spreading the infection and so being a danger to their families and their fellows.

This latter function of the sanatorium is of the highest importance, and patients should receive frequent instruction on the nature and the prevention of the spread of the infection.

Sanatorium treatment may be divided into Routine and Special. Under the Special treatments are those which are administered to certain cases after considering their characteristics. These will be dealt with in my last two lectures.

This evening I wish to consider Routine treatment and the treatment of symptoms.

The days have long passed when a patient was admitted to a sanatorium and was allowed to do as he felt inclined, providing he lived in the open air, consumed a large quantity of food and drank plenty of milk.

To-day, a well-regulated sanatorium provides a well-balanced time-table of rest and exercise, under daily supervision, and patients are correctly fed, whilst every possible advantage is taken of the sunshine and fresh air.

In constructing the daily routine for sanatorium patients we must always remember that rest is the important item, particularly in the initial stages of treatment, and although graduated exercises are very beneficial, ample time must

be provided for rest periods during the midday and evening.

The chief rest hours are before midday dinner and supper, and there is another rest for those who are in the early stages of treatment, in the afternoon; when resting patients must be on their beds and not talk or read. Smoking and games are rigidly controlled, and patients are in bed early and punctually. Leave is discouraged as much as possible, but has to be given for psychological reasons. Everything is done to make the patient happy and cheerful without interfering with the regular routine which is one of the most important conditions of treatment. The diet consists of plain, good, nourishing food, in such quantities as to satisfy the patient, but not to overtax his digestion. Food of any description is forbidden between meals, and it has been found unnecessary to issue milk as a drink; in fact, in cases with abdominal complications, it is given very sparingly indeed, as it definitely aggravates the symptoms. Fruit, vegetables and salads are essential; meat is an important item and should be lightly cooked. Patients are encouraged to eat fat, but nearly all of them have a natural dislike for it.

Three meals a day are advocated; a very light tea during the afternoon. Stimulants as a general rule are not allowed, but it is interesting to note that men who have habitually taken considerable quantities of alcohol develop a very chronic type of the disease characterised by extensive fibrosis throughout the lungs.

Another point in a good diet is that it contains plenty of variety, and the sequence should repeat every four weeks, so that the patient does not know what dish is served on any particular day.

It is of tremendous importance to eliminate the monotony of routine as much as possible in all things. I remember a patient once writing an essay on sanatorium life, and he remarked that one knew the day of the week not so much by looking at a calendar but by the sequence of events. Monday was weighing day. Tuesday was grading day. Wednesday was clean linen day. Thursday was pulse day. Friday was fish day. Saturday was half-day. Sunday was visiting day. That feeling must be covered in every possible way.

Of the salt free diet I can tell you very little, except that it is being tried with considerable success in Germany.

Some cases cannot take the full diet, which is rich in proteins and fats, therefore it is necessary to draw up a light diet and a very light diet. These are intended for cases suffering from dyspepsia and should contain highly nutritious foods that can be easily digested. Fish, eggs, sweetbreads, chicken, steamed mutton, tripe, are generally tolerated very well, but it must be remembered that the symptoms of tuberculous enteritis are aggravated by milk.

The next advantage of sanatorium treatment is the abundance of fresh air. This can be overdone particularly in the bronchitic cases, but as a general rule dry cold is beneficial and stimulates metabolism. Patients very quickly become immune to low temperatures and can dispense with fires throughout the winter. Exposure to dampness is not desirable, and open-air pavilions should be sheltered from the prevailing winds. I think a more moderate view is now taken of fresh-air treatment, and a certain amount of heat is not considered detrimental, but sitting over a fire should be absolutely forbidden.

In this country we do not get an abundance of sunshine, so that advantage should be taken of every hour; but sun-bathing for pulmonary tuberculous patients is dangerous unless the exposures are very carefully controlled. Some physicians consider the treatment contra-indicated where a lung lesion exists. Personally, I think there is value in

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