

THE FOLLY OF SENDING TUBERCULOUS
PATIENTS AWAY FROM MEDICAL
SUPERVISION *

JOSEPH WALSH, M.D.
PHILADELPHIA

CASE 1.—Mrs. N., aged 44, in well-to-do circumstances, came to my office Oct. 14, 1907. She had been perfectly well until four months previously, when she developed symptoms of cough, expectoration, etc., and her physician told her that she had tuberculosis of the lungs and that she should go to the country. This was the complete advice he gave her, telling her neither where to go nor what to do. Being a woman of intelligence, she made inquiries among lay people and heard, among other places, of a town in a neighboring state in which there is a large sanatorium for tuberculous patients. She went to this town, which contains a number of physicians experienced in the treatment of tuberculosis, but having been given no advice about what to do and no directions about seeing a physician, she thought it was necessary only to remain in the town until she got well. She remained four months, and, finding that she had not improved, she consulted a physician connected with the sanatorium who told her her exact condition and described what she ought to have been doing, but had not been doing during the past four months.

The patient had moderately advanced tuberculosis and I have no doubt, especially in the light of subsequent events, that if she had been under the care of this physician during these four months she would have recovered, but after finding that she had wasted four months she became so disheartened and so homesick that she felt obliged to come home for a while, even though, as she said, it might be attended by serious consequences.

She asked now if she might not be treated at home, assuring me that if she did not do well she would be willing to go to a sanatorium. She was not only a woman of intelligence, but of perseverance, and in six months the disease was "arrested," the cough and expectoration practically stopped, and she had advanced in weight from 118 pounds to 137. She has remained in this apparently cured condition for the past three years.

* Read before the Philadelphia County Medical Society, April 12, 1911.

CASE 2.—T. M., a single man, aged 23, medical student, first consulted me Sept. 13, 1906. He said that the previous December he had been advised by an eminent physician to go west and keep in the open air, and to exercise. He was a strong, characterful young man and followed directions implicitly, riding horse-back and walking continuously, only to find at the end of five months that he was distinctly worse. On consultation with a physician in Texas, who knew something about tuberculosis, he was told that he should have been on rest the whole period. Discouraged and disheartened he came east, but his five months' definitely improper régime and the trips west and east had done their work. He was in a critical condition when I saw him and rapidly deteriorated till he died.

CASE 3.—F. G., a man aged 40, married, machinist, went to the White Haven Sanatorium, March, 1910, with advanced tuberculosis of both lungs. None of his friends expected him to recover. He was so well four months later, namely, in July, that he insisted on going home for a few days. His friends were surprised at his splendid condition and realizing now his capability of recovery thought they would clinch the matter by sending him west. Though he was a poor man, these friends made up a purse of \$800 and sent him west. Three months later he returned east in the hope of being able to enter the White Haven Sanatorium again, but he was so ill on arrival at his home that he could not be moved and he died several weeks later. The patient himself stated in regard to his retrogression, that the trip west on the train started it. He did not know what to do when he arrived there, fell into the hands of a physician who knew no more about tuberculosis than himself, and finally after spending his \$800 in three months he came east and the trip eastward finished him.

The result in the first case shows that there was no necessity for the patient leaving home; in the last case the patient was in the proper place and was advised away from it, and all three cases are typical of the folly of sending patients away from continuous medical supervision. Every physician who sees many tuberculous patients has numerous similar histories of patients who die, not on account of susceptibility, but on account of improper or insufficient direction.

To recover from a tuberculous condition which is manifesting symptoms sufficient to bring the patient to a physician requires at the least months of a careful régime, which changes with the improvement or retrogression in the disease and with the occurrence of complications like a cold. Not one patient in a hundred can be directed

at the beginning along a course that will not require modification, and modification sufficient to make the difference between life and death if it is not followed out.

Two of these three patients went to country hotels. I know of no course worse than to send a patient to a country hotel or farmhouse away from direct medical supervision. In the farmhouse or in the hotel it is usually necessary for the patient to conceal his condition. He is, therefore, prevented from using sputum cups, uses instead his handkerchief and sometimes even is obliged to swallow his sputum, thereby putting himself in the danger of continual reinfection. In addition he is even afraid to carry out in their entirety the precepts that he himself understands, fearing, on account of the general knowledge of tuberculosis, that those around him will recognize his condition. At home or in a sanatorium the people about the patient are not only desirous of seeing him get well, but, understanding his condition, help him to carry out the régime. At the farmhouse or country hotel he is so anxious to conceal his condition that he is encouraged in just the opposite direction.

Moreover, to send a patient to a farmhouse in which the family is willing to take a case of tuberculosis has no further advantages. In this case the people have usually had tuberculous patients previously, and have some ideas relative to the disease. These ideas are frequently wrong, yet wishing the patient well they endeavor to instruct him. Any sick individual is more or less at the mercy of the well people about him; if they insist on certain things he has not the will-power to resist. Unless the physician, therefore, is paying very close attention, the patient will be following these other directions. Some patients have so much recuperative power that despite the disadvantages of the farmhouse they improve, but the number of these is small compared with the number of patients who fail to improve in the farmhouse, and yet on being sent to a sanatorium get promptly well.

My experience is that patients capable of recovery and possessing the proper character to make them persevere in treatment are capable under supervision of getting well anywhere. Patients whose personal will-power is not strong or who on account of circumstances, like business worries or family troubles, are not capable of

taking care of themselves at home, should be sent to a sanatorium.

The advantages of a sanatorium do not lie in its situation, but in the ease with which the proper régime is followed in it. In the home or farmhouse or country hotel, the people are going to bed at the time suitable for well people; they are, if the weather is cool, living in confined rooms; they are amusing themselves by indoor occupations and they are eating meals suitable for active laborers. In order to follow out a régime in which rest, fresh air and special food are the important factors, the patient is obliged practically to separate himself entirely from the family, and on his own initiative retire while the others are amusing themselves, sit out alone while others are experiencing the comfort of indoors, and refuse dainties which he sees others enjoying; all this requires an amount of character that few people, especially sick people, possess. In a sanatorium everyone about the patient is doing just what is proper for the disease; all are retiring at a proper hour, the daily amusements are outside, the meals are specially regulated to requirements so that there is no inducement to remain up late or to stay indoors, or to eat unsuitable articles of food. To do what is wrong at home is very easy; to do what is right requires special initiative on the part of the patient; while the opposite is true in the sanatorium; in fact to do what is wrong in a sanatorium almost requires special malice against oneself.

I believe, therefore, that there are only three things for a physician to do with a tuberculous patient, namely, treat the patient himself, send the patient to another physician or send the patient to a sanatorium; and that the sending of a patient to a farmhouse or country hotel away from supervision is an unjustifiable evasion of the physician's responsibility.

732 Pine Street.

*Reprinted from The Journal of the American Medical Association
June 3, 1911, Vol. LVI, pp. 1638 and 1639*

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American Medical Association, 535 Dearborn Ave., Chicago