

ROBISON (J.A.)

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Consumptives.

AN EDITORIAL FROM THE "NORTH AMERICAN PRACTITIONER."

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Since the discovery that the bacillus tuberculosis is the cause of consumption, and that it may be a source of contagion by reason of the dried sputa of consumptives being disseminated in the form of dust in the air of dwellings, public buildings and conveyances occupied by the victims of this disease, an effort has been made to class this disease among the contagious diseases and require notification by physicians to the Boards of Health of all cases found. The Michigan State Board of Health has already passed, and the Pennsylvania Board of Health is considering, such a law. But justly these laws are being opposed by many eminent physicians. DR. DACOSTA says: "Why fix the brand of leper on a poor unfortunate because he has consumption, when a medical officer can do all that is necessary? He can instruct how to ventilate and keep the house pure, and how to disinfect the sputa, what more could a Board of Health do? What can it do, except in instances of death in which proper disinfection may not be carried out? When death has occurred, and when disinfection is not likely to be carried out, it would be proper for the Board of Health to interfere. Under these circumstances, why should we place a stigma on the consumptive, why have him pursued from house to house, why have him a marked man, why have the house a marked one? Why give it a bad name and injure the landlord because there has been a death from consumption in it?"

DR. J. S. BILLINGS (Washington) says: "If it is possible by a systematic notification, for the Board of Health to locate a considerable number of these houses, what steps would it take to purify them? How would it deal with those of the poorer classes who are affected with this disease, and with their furniture, bedding and rooms? Until these questions are answered, I do not find it possible to form a definite opinion as to whether it is worth while to put in force a compulsory system of notification."



The Philadelphia College of Physicians have placed themselves on record against notification and registration.

It being the consensus of medical opinion that more good can be accomplished by all physicians educating the people how to combat the disease wherever found, the question naturally arises would not the establishment of special hospitals for consumptives assist greatly in helping to eradicate the disease? Theoretically this plan would seem best. Practically England teaches us a valuable lesson. The results of forty years' experience of special consumptive hospitals in England, during which time the growth of these institutions has been very gradual, reaching a maximum of 7000 free beds in 1890, has demonstrated that the reduction in the mortality from consumption, has kept pace with the increase of accommodation for the consumptive poor, and the actual saving of life in these institutions, as well as the protection afforded the community by the isolation of the afflicted, and the wealth added to the commonwealth by reason of the services of these saved lives, can hardly be estimated.

If special hospitals for the poor can do so much, how more valuable would be special hospitals for the more wealthy? At the sanitarium at Davos, Switzerland, experience has proven that twenty to twenty-five per cent. of the cases are cured, and there is great improvement in sixty per cent. DR. DETWEILER at Falkenstein reports that out of six hundred cases at his institution eighty-one per cent. showed a decided and lasting gain. And statistics have proven to us that from twenty-three to sixty per cent. of persons who have died from violence or non-tubercular disease have had previously tuberculosis that has been arrested without treatment. How much could be done then under appropriate treatment.

But what need is there of special hospitals for consumptives when we have in our city so many general hospitals? The writer has ascertained that out of twenty-five general hospitals in Chicago there are only *six* that will receive consumptives—they are the St. Elizabeth, the Provident, the Chicago Hospital for Women and Children, the Polyclinic, the Post-Graduate, and the Presbyterian. The latter institution is the *only* one that has a special throat and chest department, and it is not especially adapted for its purpose. The Home for Incurables, also, receives consumptives. The Cook County Hospital receives only such cases as it would be inhuman to deny entrance. How meagre the accommodations in this class of sufferers in this city of over one million of inhabitants!!

Would the consumptive poor go to a special hospital? It has been suggested to us that consumptives would dread going to a special hospital as much as going to the pest house. So soon as we could educate the people in the belief that the poison in the tubercular

sputa is destroyed by proper precautions, and that if they remain in their unhygienic quarters, they are exposing themselves continuously to the disease, there would be no difficulty. In London in 1891 there were 1,791 cases of phthisis admitted into the Chest Hospitals and 836 into the General Hospitals, a total of 2,627 cases. A comfortable bed, attentive nursing, an abundance of food, would offer a bright contrast to the poverty and squalor that surrounds our consumptive poor.

The municipality or organized societies should erect two classes of special hospitals—hospitals for consumptives in the curable stage, and secondly for the incurables. Modern experience, while it considers climate a valuable feature in the treatment of pulmonary tuberculosis, proves conclusively that exercise, rest, diet, hydrotherapy, massage, and all the forms of treatment that aim to improve nutrition prove to be the most successful means at our command for preventing and curing consumption. Hence special hospitals for curable cases would be of incalculable value to the State and the community. On the other hand the consumptive poor in the incurable stage could have such care as would lessen their miserable condition and their presence would not be a menace to the remainder of the community. During the past year a contagious pavilion has been erected on the County Hospital grounds; our County Commissioners should, as soon as they can secure the money, erect pavilions for the reception of tubercular cases. No one can blame our general hospitals for not encouraging the reception of consumptives, for if they had a free entry it would not be long before all the wards would be overflowing.

In conclusion, let the ladies who have endeavored to lessen the dangers of the spread of contagious diseases by influences brought to bear upon our street car companies, such as to cause them to enforce rules against promiscuous expectoration, organize for charitable efforts in this direction. They will find the medical profession will give them individual support.
