SUGGESTIONS REGARDING

THE MANAGEMENT OF PHTHISICAL PATIENTS AT HEALTH RESORTS.

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THIS paper is intended merely as a note calling attention to some mistakes which I have observed in the conduct of patients in search of health, presumably due to lack of proper instruction from their home physicians, and also to some measures of treatment which I have found useful in the cases of such patients. This statement will, I hope, serve as an apology for the lack of scientific method and completeness in what is to follow.

The factors in the etiology of pulmonary phthisis are so many and so complicated that it is usually impossible to determine the precise chain of causes which result in the disease. To remove a patient from the environment in which he has lived, and in which he has contracted the disease, or developed a predisposition to it, and place him under conditions as far removed as possible from those under which he has been living, might very likely result in benefit, by removing the unknown cause of disease among the other conditions of the patient's former life. But

from the fact that good may be done by this arbitrary method it must not be concluded that much more advantage might not arise from a judicious and rational use of the elements of climate.

The proper application of climatic treatment depends upon two things: first, the selection of the proper climate, and, second, the direction of the invalid's life while away from home, so as to secure the greatest amount of good from the changed conditions. Dr. Knight has recently given us some good advice upon the former of the subjects, and it is of the latter which I wish to speak.

For the past two years I have been so situated as to observe the doings of many invalids, sojourning away from home for their health; I find that, as a rule, they come without any special directions from their physicians, believing that the change of air will be a cure for their troubles, no matter how they conduct themselves. Or they come with certain directions from their physicians, which they follow implicitly, very likely under conditions which have altogether changed since the directions were given, and where they may do more harm than good. As an example of the latter class, I may cite the case of a lady who was told by her physician to go to Lakewood and take cod-liver oil, which she did. After about a month she consulted me. I found her in the third stage of phthisis, much emaciated, cough very severe, temperature 103° to 104° in the afternoon, and her stomach in such bad condition that she vomited every day. In spite of all which she continued conscientiously to take her cod-

liver oil, and vomit it; and, believing that exercise and pines were good for her, walked about two miles every day, to and from the pine woods. A week of rest from the cod-liver oil and the walking, with a little tonic and antipyretic treatment, restored her stomach to comparatively good condition, brought her temperature down to 100° as the daily maximum, and rendered her tolerably comfortable. She was then sent home, as her disease was so far advanced that that seemed to me to be the best place for her.

The most frequent errors which I have observed on the part of invalids have been the frequenting of hotel parlors, very likely close and overheated, during the evening, remaining within-doors, probably in their sleeping-rooms, during the daytime, overexertion, and the use of drugs which are unsuited to their condition, although, perhaps, proper enough when prescribed.

If I understand the objects in a change of climate correctly, they may be classified somewhat as follows: *First.*—The influence of the rarefied air of high altitudes, which has an undoubted beneficial effect upon properly-selected cases, probably by increasing respiratory activity. *Second.*—The substitution of a purer and consequently more nearly aseptic atmosphere for that in which the patient has lived. *Third.*—In case the patient is a resident of a city, the opportunity of spending a greater portion of the day in the open air. *Fourth.*—The escape from the conditions under which the disease has probably developed. *Fifth.*—The mental and moral stimulant of change *per se.*

It will be seen that, with the exception of the first and last, they are negative ; that is, they are attempts to escape from unfavorable conditions to those less so. High altitudes seem suited to those cases retaining a certain amount of vigor, in which the heart is sound, and in which the disease has not progressed too far, and where the bronchitis or nervous irritability are not too great to endure the highly-stimulating atmosphere. Cases suited to this form of climatic treatment require little or no medicine, should remain as much as possible in the open air, should practise mountain-climbing, one of the most potent adjuncts to the expansive action of the rarefied air, stopping, of course, short of overfatigue.

Under the second head, the obtaining of pure air, it would seem as though it ought to be unnecessary to protest against the supposition that pure air can be found in an overcrowded ball-room or in a close sleeping apartment, and yet experience proves otherwise. Closely connected with the subject of fresh air is that of exercise. In the city it is almost impossible to obtain such comparatively fresh air as exists there without what, for an invalid, is overexertion. He may take a drive of an hour or two, and, if strong enough, a walk. But as people do not care to sit on the front steps or in the back yards of their residences, the greater part of the time will be spent indoors. The mere fact that in the country one can live an out-of-door life is, in my opinion, one of the greatest sources of benefit in climatic change. In the case of a person whose strength is not at all or but little impaired by disease, it is well to combine exer-

cise with the out-door life. Mountain-climbing, horseback-riding, tramping, tennis-playing, here have their place, but as a rule the matter of exercise is overdone, and I have frequently observed debilitated invalids squandering their little store of strength by overexertion. The problem in these cases is to continue the maximum of out-door life with the minimum of exertion. In the summer or a semi-tropical climate, where invalids can sit or lie in hammocks or on cots out of doors all day, the problem solves itself, but in colder climates in winter it requires some management. If I were designing a sanitarium or hotel at a winter resort, I should have it constructed upon the following plan : The house should stand upon a southern slope and, of course, face the south. Across the front should be a veranda, which, instead of being enclosed to form a sun-gallery, as is the usual custom, should be open to the south, but protected at the east and west ends by glass screens. If the veranda were of considerable length, I should in addition place similar screens across it at intervals of twenty or thirty feet, to prevent any sweep of the wind along its length. Except in special cases, where the larynx or bronchial tubes are extremely sensitive, an invalid could sit upon a veranda constructed in this fashion in the coldest weather ; and even without any special construction, I have seldom been unable to find sheltered nooks where invalids could sit, even in midwinter, wrapped up as if for a sleigh-ride, if necessary, with perfect comfort and great benefit ; nor have I known any cases where harm has resulted. Those cases where the laryngitis or bronchitis

is too severe for this treatment should go to a warm climate, if anywhere away from home. Patients should accustom themselves to sleep with open windows, which may necessitate having their apartments warmed at night. In short, they should remain in the open air as much as possible, thus carrying out the principle of Dr. Dettweiler's sanitarium, where such excellent results are obtained.

Under the head of the mental and moral effect of change arises the question of sanitaria. The discussion of the comparative advantages of sending patients to sanitaria or allowing them to select their own places of residence, I have left to my friend Dr. Kretzschmar, who has made a study of the subject, and is much more competent to speak of it than I. I will, however, suggest that while it is most certainly desirable in many cases that patients should be under close watch and their daily lives regulated in all their details, yet the close association with other invalids is very depressing in its mental and moral aspect. However situated our patient may be, all that is practicable should be done to make him forget his illness and enjoy himself, thus giving him the benefit of a rational mind cure.

In dealing with phthisis pulmonalis we are fighting against odds, and it is important to seize and hold every vantage-ground possible, and to bring into action every weapon which our therapeutic arsenal supplies, and the fact of our having adopted the plan of climatic treatment is no reason for dispensing with any other means of combating the disease.

With regard to the question of climatic treatment applied to phthisis, our patients

may be grouped in three general classes: *First.*—Those who are merely threatened with the disease or, having developed some slight signs, do not suffer from much constitutional disturbance, pyæmia, or loss of strength and appetite. *Second.*—Those in whom the disease is more advanced, who have become to some degree emaciated and debilitated, who may be suffering from pyrexia or anorexia, in short, who are actually ill, and yet not beyond the hope that climatic change with judicious treatment will result in alleviation or arrest of the disease. *Third.*—Those cases where advanced destructive changes in the lungs, combined with evidences of rapid progress of the disease, show them to be hopeless, and render it improbable that change of climate will do sufficient in the way of alleviation to recompense them for the loss of home comforts.

The first class consists of those cases of which I have spoken as most suitable for high altitudes and an out-door life. They should receive instructions to spend their time as much as possible in the open air and to take exercise suited to their strength, the best form of which, for those who are strong enough to endure it, is, undoubtedly, mountain-climbing, from its action in expanding the lungs. In these cases, as in all others, the place selected should be one where there is no stint of good, wholesome food. Beyond attention to these points this class of cases should not need much treatment, but they should be instructed to seek medical advice upon the first appearance of any new development.

Of the third class of cases, those with advanced disease, it is unnecessary to say anything, as they are not proper subjects for climatic treatment. The intermediate class is the one requiring the most careful and judicious management. If it is decided to send a patient of this class away from home, it is essential in the choice of a place to consider not only the suitability of the climate to the patient's condition, but the character of his proposed surroundings with regard to comfort. He should, of course, have as good, wholesome, and appetizing food as possible; his sleeping apartment should be large and airy, should receive plenty of sunlight, and should be furnished with an open fireplace. The appointments and surroundings of the house which is to be his temporary home should be as cheerful and pleasant as possible, and should be furnished with spacious, sunny verandas. These seem like truisms, but they are none the less important, and none the less neglected. Good drives and a good livery are essential for patients who are not strong enough for much tramping, and are desirable for those who are.

No place, however desirable in other respects, is suitable for these patients unless supplied with a reliable physician; one to whom the home physician feels that he can confide the care of his patient; for it seems sufficiently evident that a person suffering from a serious chronic disease should not be at a distance from good medical attendance. He should be instructed to report to the local physician upon his arrival, even if in no immediate need of treatment, in order that the

latter may become acquainted with his history and general condition.

The general management of patients at health resorts does not differ materially from the home treatment, except so far as it involves the use to their best advantage of the increased facilities. The main points to be observed are to obtain the greatest amount of fresh air, the fullest lung expansion, and the best possible nutrition. Means to the attainment of these ends, together with the treatment of symptoms as they arise, is the writer's idea of the proper management of phthisis. With regard to fresh air, the problem is the one already mentioned, to induce patients to remain in the open air without tiring themselves by overexertion. It takes some little time to make people believe that they can sit in the open air in cold weather without taking cold, but when they once try it, properly protected from wind and cold, they are usually so much pleased with the result as to require no further urging. I am in the habit of keeping my phthisical patients out of doors as many hours of the day as possible, of having them sleep with open windows, and instructing them to allow the windows of their chambers or living rooms to remain open whenever they are not occupied, to allow of thorough ventilation. This is the nearest approach to an out-door life that I have been able to bring about, and I have been well pleased with the results; but a plan by which a continual out-door life can be led, without too much exposure, is undoubtedly a *desideratum*.

Lung expansion can be best accomplished in those cases where the patients are strong

enough for mountain-climbing and other forms of active exercise; but, unfortunately, few of our patients are capable of the exertion, and then our last expedient is to fall back upon passive expansion by means of the pneumatic cabinet, or what I regard as equally efficacious and prefer upon the score of simplicity and cheapness, Dr. S. Solis-Cohen's modified Waldenberg compressed-air apparatus. This apparatus I have combined with a slight modification of Semple's atomizing inhaler, by means of which an exceedingly fine nebulized fluid is suspended in the compressed air and inhaled with it. In this manner I believe that a fluid can be carried farther into the air-passages than by any other of which I know.

To accomplish the best possible nutrition of our patients is undoubtedly the most important indication of treatment, but one of the most difficult to fulfil. Of course, the first thing to be attended to is to see that the table fare is good, wholesome, nutritious, and appetizing. If insufficient nutrition is accomplished by this means, it must be supplemented by milk or milk and beef powder, or one of the reliable preparations of beef peptinoids, taken between meals. If this cannot be persisted in, owing to gastric catarrh or indigestion, resort should be had to gavage, practised twice or thrice daily, and when there is much gastric catarrh lavage once a day. Lavage and gavage undoubtedly form our most powerful means of increasing nutrition, and a case seldom occurs where they are not well borne and the results well marked. In any case of forced nutrition, however, it

is necessary to give the digestive organs a few days' rest occasionally when they show signs of fatigue. In regard to gavage, I find it much more easily borne and equally efficacious when performed with the small short tube with a forcing-bottle as described in Dujardin-Beaumetz's "New Remedies," than when the stomach-tube is used.