

Presidential address at the Annual Meeting of the Canadian Association for the Prevention of Tuberculosis, Toronto, 1912 / J. Geo. Adami.

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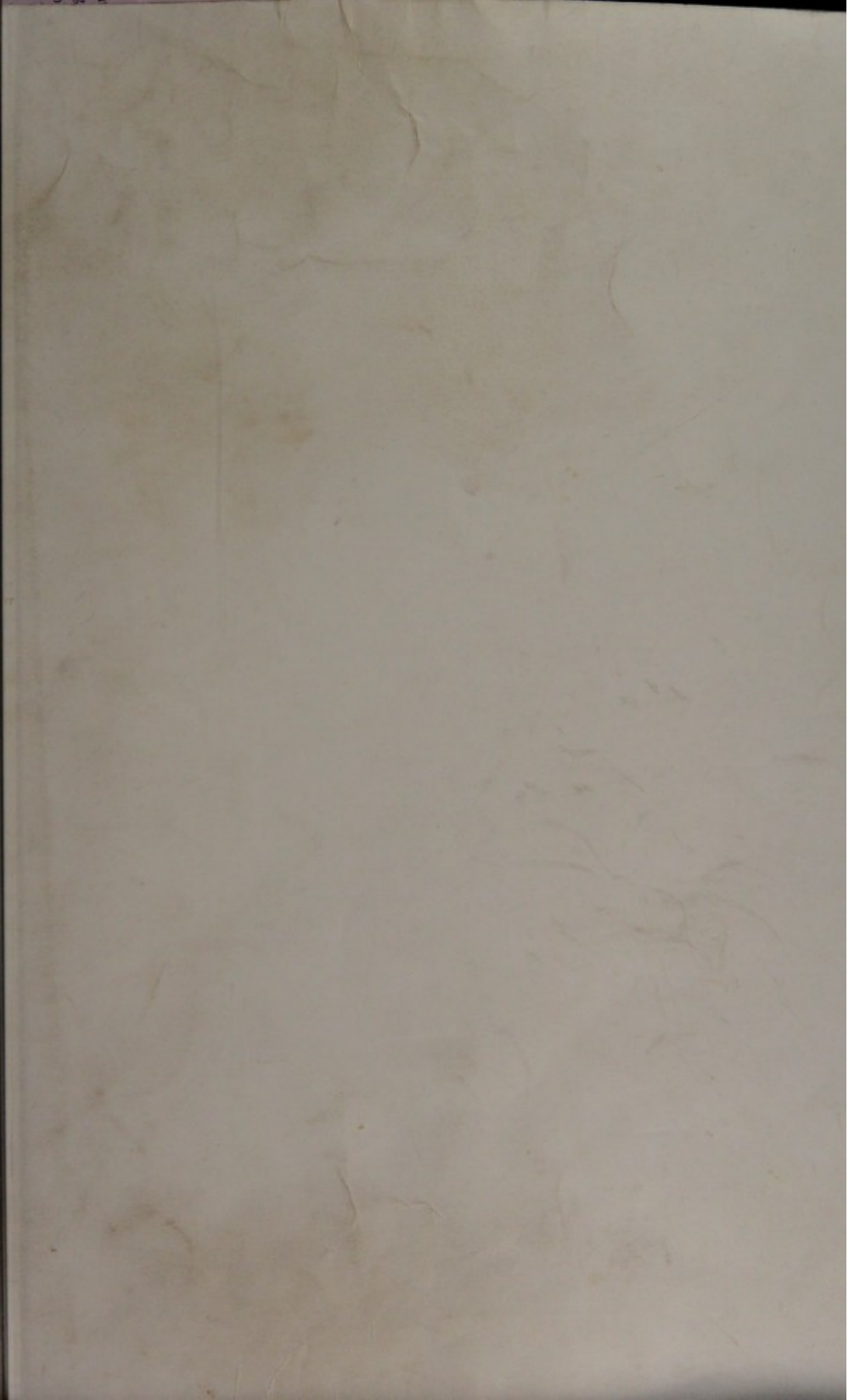
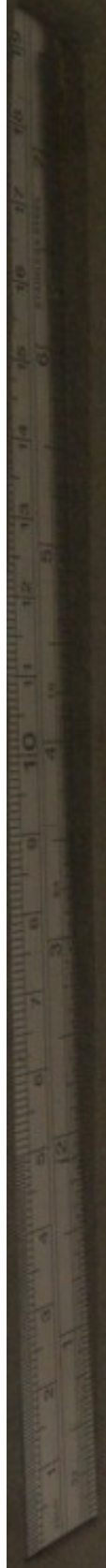
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PRESIDENTIAL


At the Annual Meeting of the
Prevention of Tuberculosis

J. GEO. ADA

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*Reprinted from the Twelfth
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PRESIDENTIAL ADDRESS

At the Annual Meeting of the Canadian Association for the
Prevention of Tuberculosis, Toronto, 1912*

J. GEO. ADAMI, M.D., F.R.S.

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Ladies and Gentlemen:—

If to you who are residents in Toronto I appear somewhat as a stranger and if, therefore, what I have to say will appear moderately fresh, I must confess I feel positively ashamed to appear once more before those who are regular attendants at our annual meetings. This is the fourth year in succession in which, willy-nilly, I have been made to occupy the Presidential chair, and those who are regular habitués of our meetings must by now be only too familiar with my views and my exhortations. Even upon so large a subject as the campaign against Tuberculosis, with all its issues and side issues, there is a limit to what the individual can talk upon that is not absolutely commonplace. My only consolation is that, after all, the saying of something fresh is not a necessary function of the presidential post. This year in particular I can rest comforted with the thought that aspects of the tuberculosis problems of the first magnitude and primary importance here in Toronto will be brought before you by the foremost authorities upon this Continent in these particular branches. I take it that the great problem which you in this great city of Toronto have before you is the part to be taken by your Municipality, by the Provincial Government, and by the charitable respectively, in coping with the disease. If that be so, then Dr. Hermann M. Biggs, the medical head of the Health Department of the City of New York, can tell you of the wonderful results accomplished under his guidance by the greatest municipality on this Continent—one of the greatest in the world. It is among the foremost triumphs of modern Hygiene, this extraordinary reduction of mortality from tuberculosis in the City of New York during the last twenty years since Dr.

*Reprinted from the Twelfth Annual Report of the Canadian Association for the Prevention of Tuberculosis.

Biggs undertook the campaign. The vast difficulties in his way, the teeming population of many millions, the unutterable congestion in the tenement house districts, the extraordinary diversity of races and babel of tongues among the new-comers were all ranged in opposition; despite all which in less than fifteen years the mortality from tuberculosis has been reduced more than half. The record almost approaches the miraculous! Better than any one else Dr. Hermann Biggs can advise you how to cope with the problems in your midst, and that with the certainty of success.

Apart from the mere carrying out of health regulations, the matter of Tuberculosis has to be approached from the scientific side, or more accurately from the side of applied science. It is essential, that is, for us to be sure of our cases and to make our diagnosis by the most modern and accurate bacteriological methods, and here the university has to come to the aid of the city and the state. It used to be thought the university did its duty if in its laboratories it trained the physician. Dr. Frank Wesbrook has developed a better path. As Professor of Bacteriology in the state university of Minnesota he realized the duty of the state university to the state in the matter of hygiene. He threw his laboratory open to the State Board of Hygiene; he became an active member of the Board; he cooperated so cordially with the Board that he made the University Laboratory of Bacteriology the place in which all the State bacteriological investigations were conducted. If there was an epidemic in the state, his university staff co-operating with the district health officers, made full bacteriological studies, and controlled the situation so far as modern science is capable. His laboratory made and supervised the distribution of sets of apparatus placed at the disposal of the medical profession throughout the state for the diagnosis of diphtheria, typhoid, tuberculosis and other communicable diseases. The University Laboratory became thus the centre from which the medical men of the state obtained expert bacteriological advice regarding their cases, and rapidly Minnesota became the model which other states have copied. You have in Ontario and here in Toronto a state university and an active Provincial Board of Health. I doubt not that Professor Wesbrook will give you cause to deliberate how you, too, can copy the example set by Minnesota.

And last and very far from least, we hope to hear from a

leader in the National Council of Women of this Province, Mrs. Adam Shortt, of Ottawa. Only yesterday I was discussing matters with one of the leaders in public life and social activities in Melbourne, Australia, and he happened to mention the National Council of Women. "So you have the same organization?" said I. "The National Council?" he replied. "Why we can accomplish more and in more directions through them than by any other means. We men could not, for instance, effect anything in controlling the milk situation. We could not look after the details—could not influence the individual milkmen. So we applied to the National Council. We supplied them with one of the university biochemists to give them a course of lectures on the nature of milk, so that those who liked could obtain an expert first-hand knowledge of the basal aspects of the problem. And, sure enough, thanks to the National Council, we have completely revolutionized our milk distribution, and possess now a model system. And so, ladies, it is with our Tuberculosis problem. We, as men can supply the plant, can lay out the broad outlines of the work to be done; but in the attention to detail, in the conscientious carrying out of plans upon which depends the real success of the campaign, it is the ready co-operation of the women of the community that is all-essential. We depend upon the women of Toronto and of Ontario to stamp out Tuberculosis, and for this depend especially upon the Women's Council, and doubtless Mrs. Shortt will advise us as to the part which women can best take in the campaign.

So much for the more general portion of our programme. As for the special and more professional portion, a glance at the programme will show that we have with us the physicians in charge of Sanatoria and Tuberculosis institutes throughout the Dominion—the professional leaders in our campaign. We look to them for an active interchange of views regarding the best methods of treatment and for material which, when published in our annual report, will be of influence throughout the Dominion.

As this is the first time our Association has had the pleasure of meeting in Toronto, I think it will not be amiss for me to review briefly the objects of the Association and outline some of its work. Needless to say, the general prevalence of Tuberculosis and its appalling death rate seems to have been taken

more or less as a matter of course until Koch's discovery of its specific cause, and the proof that it was a communicable disease. Even then it was some time before the medical profession and the public at large realized that it was a preventable disease, and with that realization a world-wide movement began for its suppression.

The Association was founded in 1900 in Ottawa under the distinguished patronage of His Excellency Earl Minto, and here is a paragraph from its constitution which will show the scope of its work:

Article II.—The object of this Association shall be to prevent the spread of Tuberculosis or Consumption by the circulation of literature, lectures; the employment of visiting nurses; the establishment of dispensaries, relief homes or sanatoria, as circumstances may require or warrant; the enforcement of the provincial laws relating to public health and promoting further legislation if necessary; and the use of any other means that may be expedient to secure the desired end.

With these objects in view our work has been steadily progressing. This progress may be gathered in part from the report by our secretary. These annual reports grow each year, and when one realizes how much effort is required to arouse public apathy, based upon the old belief that consumption was a hereditary disease and practically hopeless, the results of the policy laid down by our Association are certainly encouraging.

Twelve years ago there was but one institution for the Tuberculous in Canada, now there are over twenty. Then there were no dispensaries and visiting nurses; now there are over a dozen of the former and many of the latter. Lectures upon the prevention of this disease were unheard of, while now, not only are our special lecturers working in this line, but physicians and officials connected with various societies and health boards are performing this necessary work all over the Dominion. Literature is likewise being spread over the land by boards of health and local societies, as well as our own Association.

Needless to say, much that has already been done in our country towards proper provision for the tuberculous has been initiated by private philanthropy, and we can never be too

grateful to those altruistic men and women who are identified with this movement.

This great movement would be far behind were it not for the philanthropy of the late Mr. Hammond, Mr. Gage, Col. Burland, Hon. Mr. Perley, Mr. Lorne McGibbon, John Ross Robertson, Mrs. Crerar and the Hon. Adam Beck, to say nothing of those who have worked so assiduously for the cause. Private philanthropy, however, is insufficient for the great task and governments and municipalities must take more of the burden upon themselves. Ontario has legislated wisely, however, in assisting local effort by grants to any county erecting institutions for the care of the Tuberculous and by a maintenance grant as well. This policy is being followed by Alberta and, also, a bill is being passed in Nova Scotia along the same lines. We believe that this is a local question, and must to a large extent be handled locally.

More than two years ago it fell to me as President, at the instruction of our Executive, to forward a circular letter to the various provincial authorities, as well as to the governing bodies of all general hospitals throughout the Dominion, upon another aspect of this question. As I have more than once pointed out at the annual meeting, the great source of infection and of the spread of Tuberculosis is what technically we term the open case—the case, that is, in which the material from breaking down tubercles containing the infective bacilli is discharged into the open air; the great source of infection is therefore notably the case of advanced pulmonary or lung tuberculosis with its billions of bacilli coughed up day after day. Where the patient is well-to-do and can be afforded a separate room the danger from such a case can be largely guarded against, for it is not a little remarkable how small is the radius around the coughing and expectorating phthisical patient, beyond which experimental investigation fails to detect the bacilli. But in your impoverished family—impoverished often through the enfeeblement of the bread-winner affected with the disease—it is too often impossible to afford a separate room for the invalid. Too often other members of the family use and even sleep in the room along with the patient, and insidiously, but surely, other members of the family become infected. These are, as I say, the main foci of infection. It is these cases that inflict the greatest loss upon the community, for they perpetuate the disease. Segre-

gate them and they become harmless. Until very recently we in Canada did little or nothing for this order of cases. Our general hospitals refused to take them in. The letter in question was an appeal for accommodation for this dangerous class of cases. The Mother Country for long years has taken care of them, and as Koch, Newsholme and others have shown, it is in consequence of the plentiful provision of workhouse and other hospitals throughout the land for such incurable cases that England enjoys her preeminence among all countries of the world in the reduction of tuberculosis mortality during the last sixty years. We urged, as an Association, that in districts in which there was no provision for the care of cases of this nature, general hospitals receiving provincial grants for their maintenance should make reasonable provision for the reception of tuberculous patients should afford special beds or wards for the same, failing which their Government grants should be cut off. This matter, I know, has been taken into consideration in British Columbia, and has been acted upon there and in other western provinces. I was beyond measure rejoiced only last week to receive an "Act relating to Hospitals and Charitable Institutions," passed by your Ontario Legislature during the last session, and to see that the Act contains a clause which goes even beyond what we ventured to ask for. Section 19 of that Act reads: "that no hospital receiving Government aid shall refuse to admit and care for a patient having tubercular disease."

I shrewdly suspected that the Inspector of Public Charities of the Province, who, incidentally, is a member of our Executive, has had a hand in the framing of the new Act.

There is much that I might comment on concerning the progress of our campaign during the past twelve months—the number of new sanatoria, dispensaries and other institutions opened in various parts of the Dominion during the year; the increased participation of the Federal Government and of Provincial Governments in the work; the publication of the excellent report of the Quebec Royal Commission on Tuberculosis, the participation by Life Insurance Societies in our publicity work. This progress, however, must only stimulate us to redoubled exertion. We have had demonstrated to us in Ontario that concerted action can bring about a material reduction in the Tuberculosis mortality. That reduction of thirty

per cent. in a few years, instead of making us rest on our oars, should stimulate us to redoubled efforts. Let us be pleased that Ontario is the banner province—the first province in the wide Dominion to take up deliberately the modern methods of fighting the disease. But at the same time let us realize that there is still much to be accomplished. I myself have been looking forward with interest to see what Ottawa will accomplish—a city which, for the number of its inhabitants, has the fullest provision for its tuberculous cases, both early and advanced.

Having shown that the enemy can be beaten, we must advance against him with increased enthusiasm, by frontal as well as by flank movements. There are still huge advances to be made. If one is by nature an optimist he is apt to look complacently at advances made, and to be blind to what is still defective—such, at least, looking backward, has been my attitude. I have been rejoicing in the demonstration that has been afforded during the last score of years with increasing force that tuberculosis, instead of being the hopeless disease that it used to be considered, is in the vast majority of cases curable. I have rejoiced in the work of Brehmer, Trudeau and others, which has shown how fresh air and rest and good food conquer the disease. This is so great an advance that one is apt to overlook or minimize the fact that these are but flank movements, and that the cure is both very prolonged and imperfect to this extent, that, although the lesions become encapsuled the contained bacilli are not surely killed, so that if the health and vitality of the individual be depressed it may happen that the bacilli take on growth again and the disease starts up once more. Your tuberculous individual, that is can never under present conditions, feel assured that he is out of the wood; he must always be careful of himself. We are content, that is, with imperfection.

Can we hope for nothing better, nothing more perfect?

The last few years have given us some very remarkable results in connection with another group of infections, those due to minute animal parasites. The tubercle bacillus, you will remember, is classed with the bacteria in general among the minute vegetable parasites. But with these diseases of animal origin it has for long been known that quinine kills the *hæmamoeba*, the parasite of malaria. Those who have had much experience in the tropics tell us that, properly adminis-

tered, ipecacuanha has a like specific effect upon the amoeba of dysentery; and recently Thomas, a Canadian and graduate of McGill, has demonstrated that atoxyl, an arsenic compound, kills off the parasites of sleeping sickness circulating in the blood and the Trypanosomes, as they are termed, that set up a series of diseases in horses and other animals; following upon which discovery Ehrlich has elaborated other arsenic compounds which in a single dose cure conditions of spirillosis, and destroy all the spirochaetes in the organism.

Now, if this happens with animal parasites there is, so far as I can see, absolutely no reason why we should not discover other drugs which will have a like immediate action upon the bacteria of disease. As a matter of fact, there is a disease which, like tuberculosis, is caused by one of the higher bacteria, by an organism closely related to the tubercle bacillus. I refer to Lumpy Jaw, or Actinomycosis, due to the Actinomyces, and this, we know, can be cured rapidly by large doses of Potassium Iodide. What we have before us is to investigate and investigate until we discover some drug or drugs which will surely cure Tuberculosis. There is still much before us physicians and bacteriologists; science in fact is never ending. And we from our side and you from yours have to continue with our shoulder to the wheel until Tuberculosis is as extinct among us, or as nearly extinct, as is that plague of old time—Leprosy.

Disraeli said: "Public health is the foundation upon which rests the happiness of the people and the power of the State. Take the most beautiful kingdom, give it intelligent and laborious citizens, prosperous manufacturers, productive agriculture; let arts flourish, let architects cover the land with temples and palaces; in order to defend all these riches have first-class weapons, fleets or torpedo boats; if the population remains stationary, if it decreases yearly in vigor and in stature, the nation must perish. And that is why I consider that the first duty of a statesman is the care of Public Health."

May we hope that those sentiments will animate the powers that be in all our parliaments, and when they do we can assuredly look forward to the time when Tuberculosis which now takes a greater toll of human life and human activities greater than all other epidemic diseases combined, will be unknown amongst us, when it will be extinct as the fire among the thorns.



