

## **General hospitals and pulmonary consumption.**

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### **Publication/Creation**

London, 1902.

### **Persistent URL**

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# *General Hospitals*

*and*

# *Pulmonary Consumption*

BY

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Reprinted from the BRITISH MEDICAL JOURNAL, February 22nd, 1902.

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LONDON :

PRINTED AT THE OFFICE OF THE BRITISH MEDICAL JOURNAL,  
429, STRAND, W.C.

1902.



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## GENERAL HOSPITALS AND PULMONARY CONSUMPTION.

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ONE of the most important problems that have arisen in connexion with the national efforts to check the ravages of phthisis pulmonalis is how to deal with advanced cases among the artizan and generally less wealthy classes—those socially a little above the pauper grade. The sense of self-respect of the sufferers will not, as a rule, permit them to enter the parochial hospitals; and, indeed, at least in Scotland, they would have no legal claim to become inmates of these institutions. What happens with a large proportion of the cases of that kind in Glasgow, and presumably also over the kingdom, is that they seek admission into our infirmaries and general hospitals, and—I do not put it too strongly—are turned away from their doors. It is done in this way: A consumptive, with cavities in the lungs, having obtained a subscriber's line and a medical certificate of his illness, comes or is brought by his friends to the reception room of the infirmary. He is there examined by one of the resident medical officers, and also, in the event of a refusal, by a dispensary or chief physician. The decision having been arrived at that the disease has advanced to the condition described, the patient is told that his case is unsuitable for admission. Very clearly, the shock to the sufferer and his friends must often be great on hearing this statement, and, it need scarcely be said, the duty of declining him is a painful one to the physicians.

### OBJECTIONS TO ADMISSION OF ADVANCED CASES TO GENERAL HOSPITALS.

In such cases, whatever their feelings, there is nothing for it but to go back to their homes. These are too often in densely populated districts where overcrowding is common. There they remain for the weeks or months that intervene before death closes the scene. More frequently than otherwise husbands or wives, brothers and sisters, as the case may be, are meanwhile exposed to the infection from the sputa that are usually so abundantly expectorated in the terminal period



of consumption. During all this time they are centres for the diffusion of tubercle both in the home circle and around it. Who can doubt that this is one—indeed, probably, the chief—source from which continues to spring the various forms of tuberculosis, and more particularly phthisis pulmonalis?

The question arises, Ought the physicians who refuse to receive consumptives in the advanced stage into their respective hospitals to act otherwise? Certainly not, in view of the absence of special arrangements for the care of these cases. The physician's duty is, as far as practicable, to protect those under his charge from possible infection, and to admit in considerable numbers patients in advanced consumption into the general wards would be blameworthy. It would endanger those recovering from pneumonia, certain forms of bronchitis, and, generally, cases in which the vital powers are low, especially when there is likewise an hereditary disposition to tuberculous disease. It will doubtless occur to many, why restrict the objection only to the admission of considerable numbers, as, if there be risk, why not exclude all cases of that kind from the ordinary wards of hospitals? Complete exclusion of them I believe to be the only sound and satisfactory position to take up in relation to the question. And yet there are physicians of eminence who contend that in the large, well-ventilated wards of modern hospitals, with abundance of air space and disinfection of the sputa, the presence of, say, two consumptives with vomices in their lungs and abundant expectoration in a general ward does not really expose the other patients to danger of infection. They point to the absence of evidence that either patients or nurses in such hospitals have actually become phthisical. To this the reply may justly be made that the danger, though not great, unquestionably exists. Patients in the stage referred to, when they become weak and when the mind is not very clear, sometimes carelessly or inadvertently, especially at night, soil their nightdresses and bedclothes with the sputa. This, it must be obvious, is a clear source of risk to others. The mere fact that no patients are known to have acquired phthisis does not warrant the conclusion that it has not actually occurred. The bacilli may have been inhaled by them during their residence, but have become practically encapsulated in the lungs, and so have remained inactive at first. Later, perhaps after months or longer, at a time when the resistive powers of the system had somehow become impaired, they may have wakened up into action and begun their work of destruction. Of course this cannot be proved; but neither can it be disproved, and the possibility of infection being so caused is undoubtedly present. However, as a matter of fact, I know of three nurses, a house physician, and a patient, who, there is strong reason to suspect, acquired phthisis in the wards of a large hospital. Further, there seems a certain want of consistency in permitting even two cases to be in the wards; the very fact of limitation implies an admission that there is risk in the presence of the disease. The knowledge that patients in the advanced stage daily expectorate thousands of bacilli justifies that apprehension.

#### SPECIAL WARDS.

We have also to consider the question of medical education in connexion with the presence of phthisis in hospital wards. Wherever medical students are under training there must be



facilities for their acquiring a thorough acquaintance with its symptoms and physical signs in all its stages. It is therefore necessary that advanced cases should be in or near wards where clinical instruction in general medicine is given. We have consequently to meet the two requirements—the protection of other patients, and the education of the young men and women who are preparing to enter the profession. This can obviously be done without serious difficulty; phthisical cases have simply to be removed from the ordinary wards and kept by themselves. The amount and kinds of separate accommodation required will be best determined in connexion with another aspect of the subject.

Bearing in mind the conditions which have been briefly discussed—the necessity of retaining some cases in general hospitals in the interests of clinical teaching, the protection of other patients, and more especially the prevention of infection by those refused admission to relatives and others in their homes—the special wards suggested would probably need to be of considerable size; perhaps in some cases more than two would be required. In the three large infirmaries of Glasgow the total number of advanced cases of phthisis usually amounts to about thirty. If in each of them there were two special wards, a male and a female, with forty beds in all, there would be accommodation for 120 patients. It may be doubted if this would suffice for all the cases in the city, belonging to the classes and in the stage referred to, who would be willing to leave their homes. The question can only be determined by fuller inquiry. My impression is that the provision named would be ample for the number of cases requiring care at one time. It is not to be lost sight of that the problem only concerns a portion of the community; the higher and lower sections are provided for otherwise.

Where there is sufficient ground attached to a hospital it is desirable that the phthisis wards should be at some little distance from the main buildings. It would also be an advantage if they were built, say, of brick, so that they might be taken down and renewed every few years. They ought to be constructed on the open-air principle both on the patients' and students' accounts. Even in the advanced stages of the disease the sufferers often derive much benefit from it; indeed recoveries now and again, though exceptionally, occur. The gain to the students would also be important, for they would become familiar with the details of this mode of treatment, and be prepared to use it in suitable cases in everyday practice, even in cities. In this way the benefit to the general public would be great. In the case of hospitals where ground is not available for new erections, an effort should be made to set apart special wards for these cases, as much isolated as is practicable.

Other proposals have been made for the care of cases of advanced consumption. One is to build municipal hospitals for them. It is certain that very many of the patients would not consent to go there. As is well known the hope of recovery is retained to near the fatal close in a large proportion of phthisical cases, and the gloomy associations of an institution solely devoted to conditions mostly hopeless would have a deterring effect in many instances. There is perhaps less objection to their being associated with the curables in the sanatoria likely to be erected over the country. Still, the frequent deaths among the advanced cases, which could



not easily be concealed from those in a more hopeful stage, would have a depressing and injurious effect on the latter. Another weighty objection would be their removal from the neighbourhood of relatives and friends. The sanatoria will be at some distance from large towns or cities. A visit to them will occupy a large part of a day, and the expense of frequent visits will be a serious consideration to those whose means are small. Naturally the desire, both of the afflicted and those dearest to them, to see each other often increases as the end draws near. No more suitable place away from their own homes could be found than the hospital of the town or district of the city in which their homes are situated. Daily or more frequent interviews are there usual in all diseases when death becomes imminent. An additional advantage would be the far fewer removals to their own dwellings arising from the longing to be with their relations when the illness assumes a more serious aspect. Indeed, for the all-important reason already urged—the danger to others—a return home should be opposed firmly but with all possible consideration. If this were done and the reason fully explained, probably few would persist in their intention to leave hospitals near where they reside; were they to do so, there is no law to prevent them.

#### TREATMENT OF ADVANCED CASES.

So far we have been all but assuming that this class of patients would enter these wards simply to die. This, no doubt, has been our experience of advanced phthisis in the past. Happily the prospect is now less gloomy. Reference to Dr. Philip's paper lately published,<sup>1</sup> as well as to the statistics of Quarrier's Home in Renfrewshire<sup>2</sup> and those of the German sanatoria, shows that to an encouraging extent, even when the disease had progressed to the stage of softening and formation of cavities, under the open-air system of treatment the patients so far recovered as to be considered fit to go back with safety to the families of which they were members.

However, while welcoming this newer method to our armoury for the treatment of phthisis in its later as well as in its earlier stages, we must not discard medicinal measures; that would be a great mistake. Dr. Koch<sup>3</sup> has been lately showing a good case in favour of our old friend tuberculin in its improved form. His favourable conclusions on the present occasion seem based on a sufficient number of cases (76) to inspire considerable confidence in his statements, at all events such as would justify a series of observations by others on a more extensive scale. Fresh claimants on our notice—germicides and antitoxins—are from time to time brought forward on adequate authority to warrant a trial of them. Who would venture to say that one or other of these agents will not ultimately be found potent enough to overcome the tubercle bacillus or neutralize its poisons? At least it seems a duty incumbent on us to prosecute our investigations into the action of agents whose properties suggest a reasonable hope that they may act in either of these ways. In this relation, then, it is important that cases of well marked phthisis should be admitted into our hospitals in sufficient numbers for scientific study. Further, our duty to the sufferers themselves will be best discharged in connexion with general hospitals. They will there be under the care of



skilled and experienced physicians and nurses, who will do much to relieve the complications in the bowels and other organs which are not rare in the later periods of the disease.

A point of importance regarding, if not the legal, at least the moral, claim which these patients have to admission into the infirmaries should not be overlooked. They have in most cases in Glasgow and other towns contributed year after year to the support of these institutions through the workers' fund where they have been employed. Naturally they feel it a grievance that when their time of need comes they find themselves excluded from the hospital which their money has helped to maintain.

Some may think that the care of patients in the condition under consideration is outside the proper sphere of a general hospital. To this the rejoinder may fairly be made that the prevention of disease is higher service than the cure of it, and that the removal of consumptives from localities where they are foci of infection would establish a new claim on the grateful appreciation by the community of the beneficent work done by our infirmaries.

#### PAROCHIAL HOSPITALS.

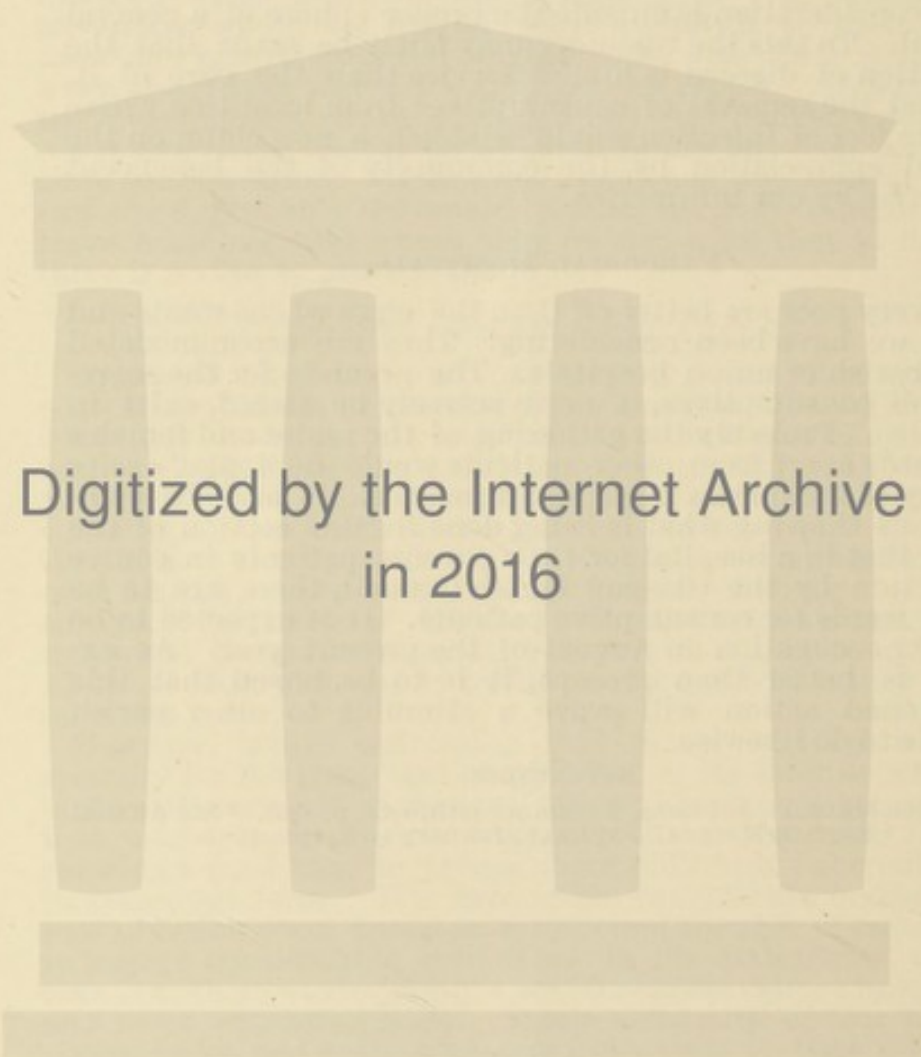
The very poor are better off than the class whose wants and claims we have been considering. They are accommodated in the parish or union hospitals. The grounds for the segregation of consumptives, it need scarcely be stated, exist in them also. Probably the gathering of the males and females into wards apart from other patients would be found easier in many of them than in some infirmaries. It may be mentioned, as showing what is being done for this section of the public, that in a hospital for 1,500 chronic patients in course of erection by the Glasgow Parish Council, there are to be special wards for consumptive patients. It is expected to be ready for occupation in August of the present year. As example is better than precept, it is to be hoped that this enlightened action will prove a stimulus to other parish councils to do likewise.

#### REFERENCES.

<sup>1</sup> BRITISH MEDICAL JOURNAL, December 14th, 1901, p. 1728. <sup>2</sup> See Annual Reports. <sup>3</sup> BRITISH MEDICAL JOURNAL, January 11th, 1902, p. 97.







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