FISK (S.A.)

THE COTTAGE PLAN OF TREATING CONSUMPTION IN COLORADO.

BY

SAMUEL A. FISK, A.M., M.D.,

OF DENVER COLORADO,

PRESIDENT OF THE COLORADO STATE MEDICAL SOCIETY; PROFESSOR IN THE UNIVERSITY OF DENVER.

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THE COTTAGE PLAN OF TREATING CONSUMPTION IN COLORADO.[1]

BY SAMUEL A. FISK, A.M., M.D.,
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IT is well, I think, to recall every once in a while the fact of the prevalence of phthisis. In a general way it is recognized that it is a dread disease, the cause of many deaths, and, until recently, it has been considered incurable. One is almost appalled, however, when he comes to investigate the facts. It seems nearly incomprehensible that about 100,000 lives are lost annually in the United States alone through this fell complaint, and that in general it is the direct cause of twelve per cent. of all mortality, and that in many cities this percentage runs up to even twenty per centum of all deaths.

Since the days when smallpox created such frightful ravages, which happily are now done away with by proper sanitary measures and by the introduction of vaccination, pulmonary consumption has become the dread foe of mankind, the insatiate minotaur of disease.

The accustomed, the every-day event, is apt to at-

[1] Read before the Denver Medical Association, etc., March 7, 1889.

tract but little attention. It is the unaccustomed that is noticed. So when Spain loses 100,000 of her population by an epidemic of cholera, the world is struck dumb with fear and sorrow. The annual loss of an equal number of lives in our own country, by a disease more insidious and quite as fatal, passes without comment.

The reason for this may be that we feel ourselves, in a measure, helpless. We know not which way to turn to prevent. The introduction of the germ theory and the demonstration of the bacillus has not aided us much. Deep inhalations, the pneumatic cabinet, deep injections, creasote, iodine, carbolic acid, inflation with hydrogen sulphide, and all other means of treatment have not been of much avail. They have not sensibly diminished the death-rate.

To-day the best accepted plan of treatment is the climatic, the application of atmospheric and telluric influences to this diseased condition.

Undoubtedly different manifestations of the disease require different kinds of climate. It would not be proper, for instance, to subject an advanced case of laryngeal phthisis to the rigorous climates that many cases of incipient phthisis can stand, nor to place an enfeebled person, with bad digestion and poor powers of reaction, where his system would be still further enfeebled rather than built up.

Dr. Knight, of Boston, in an able paper read before the Society for Medical Observation a year ago, has very ably summarized the ideas of the profession, or perhaps I should say those ideas most generally held, with reference to the selection of a

climate for patients with pulmonary tuberculosis, and, inasmuch as they are the opinions held by Hermann Weber, Lindsay, and others, I will venture to state them briefly.

The first object to be attained, he writes, is an out-of-door life in a pure air, the chief good coming through the general improvement in nutrition, and this reaches its maximum benefit when the patient can lead an active out-of-door life at considerable elevation (4,000 to 8,000 feet above the sea-level). He then proceeds to say that "There seems little doubt that in suitable cases the improvement in nutritive activity is much more marked in mountainous regions than on the plains," the reasons being (1) rarefied air; (2) dry and pure air; (3) the large number of clear days when the invalid can be out of doors.

In the main, the cases that can expect a benefit from the climates of high elevations are the incipient cases, those cases more advanced, but without excavations and not having any serious constitutional disturbance; the hemorrhagic, fibroid conditions, when the patient is young and the heart not enlarged, and those recovering from pleurisy or pneumonia, in whom the irruption of tubercle is feared. With reference to high altitudes he remarks: "The region which I have found best for this kind of treatment is the eastern slope of the Rocky Mountains, in the States of Colorado and New Mexico, where the altitude ranges from 4,000 to 8,000 feet."

Such, then, is the opinion of one of the recognized leaders in this particular branch of medicine

in this country, an opinion which is meeting with constantly increasing acceptance. Across the water the same ideas exist with reference to high-altitude cures, and they find expression in a recent utterance of Sir Andrew Clark: "I am as sure as I can be about anything at present, incapable of actual demonstration, that the recoveries from phthisis judiciously treated at high altitudes, are much more numerous and much more lasting than those treated by any other method at any other place."

I trust that the Society will pardon me this introduction to what I wish to present as the main idea for the discussion this evening. I have made it because I wish to emphasize the fact that we have in our climate those conditions which experience has shown, and which the profession are learning to recognize, conduce to more numerous and more lasting cures from phthisis than those treated by any other method. We have conditions favorable for out-of-door life in an elevated region. We have the dry and pure air, and a percentage of sunshine that is almost unrivalled. We can point with pride to a close analysis of our meteorological data, and square them by the crucial tests proposed by Franklin, Weber, Tucker Wise, and others for the desirable climatic elements in the treatment of phthisis, and find them in no whit wanting. There are those among us who have spent no little time and effort in calling the attention of the profession, and of the public, too, to these climatic conditions, and to their efficacy in the arrest and cure of pulmonary disease. But we must not rest here; we should learn to take

advantage of all that modern investigation has proved to be of avail in the proper treatment of phthisis and superimpose it upon the benefits to be derived from our climate.

"The author will have written to little purpose," says Dr. Lindsay, "if he has not shown that climate *per se* is not the exclusive agent in the case, and that to rely upon it alone, to the exclusion of its indirect influence upon life and habit, is to invite failure."

"Wherever the patient goes he should, if possible," writes Dr. Knight, "consult some good physician of the region, who will lay out a plan of life. Many patients make themselves sick, and even destroy their chances of recovery, by neglecting to consult a local authority for this purpose."

"I have already alluded to the circumstance," are the words of Dr. Hermann Weber, "that intelligence on the part of the patient and his friends is a great help toward recovery in phthisis, and that want of judgment into the nature of the illness, and of the manifold dangers, and into the means of cure, renders the prognosis less hopeful, unless we are able to place the patient under the strictest superintendence of a judicious doctor, etc."

I have introduced these quotations because they voice what has probably been the experience of every one here, that people coming here and attempting to look after themselves, without medical advice, do not, as a rule, reap the best that is to be gained from our climate; and that very generally they make some grievous mistake which costs them so severely in point of health that they die, or go away disgusted saying that the climate is not what it is cracked up to be.

A climate, like any therapeutic measure, has to be used discreetly to obtain the best that can be gained

from it, and this can be attained in the best way from consulting those who have had experience in it. Not only does it require a knowledge of the climate to treat a phthisical patient properly, but the practitioner, to be well equipped, should have had an experience in handling such cases, so as to know how to give directions into the minutest details of the regulation of the patient's life.

I know of no disease that requires such careful handling as that of phthisis. The treatment is somewhat concerned with the administration of drugs, but only to a slight extent in comparison with the attention that has to be given to the regulation of diet, exercise, clothing, the proper attention to all functions, the ventilation of the rooms, the regulation of the hours of sleep—in fact, the regulating of the invalid's life.

Many think that such details can only be carried out by putting the patient under the very closest surveillance, and for this purpose sanatoria have been erected at which phthisical patients are gathered, and in which their lives are regulated to a nicety, the whole institution being run on a system with almost clock-like precision. The two most noted of these sanatoria are those of Dr. Hermann Brehmer, at Görbesdorf (elevation 1740 feet), and of Dr. Dettweiler, at Falkenstein (elevation 1500 feet).

The attention of the profession in America has recently been called to the two systems by two excellent articles from the pen of my friend, Dr. Kretzschmar, of Brooklyn, and they have, further, the endorsement of Dr. Hermann Weber, to the

effect that "the results obtained at this establishment show how much can be done in phthisis by carefully arranged hygienic management, even with imperfect climatic elements."

It is worth our while to inquire whether some such system might not be introduced with advantage in our treatment of this disease, rather than to keep on pursuing the plan now in vogue—which, in contradistinction, I have called the cottage plan—which allows the invalid to be his own master, to live, always subject to direction, of course, but without surveillance, in a boarding-house, hotel, or at his own home.

I know that this plan has many disadvantages, and yet I am a strong believer in it. I know that in the matter of exercise, for instance, which should be regulated with great care, in accordance with the demands of the individual case, it is not always possible to get your patient to carry out instructions unless he be carefully watched. I have seen more harm done by over-exercise than by too little exercise. I can recall a case in which recovery was sacrificed to a fishing excursion of only a few hours' duration. I have in mind another case in which irreparable harm was done by too long a ride on horseback. I think a life in my practice was sacrificed by pitching quoits and swinging Indian-clubs after a fatiguing journey. I have seen imprudence in regard to tiring one's self in talking, singing, and keeping late hours, produce severe hemorrhages. I need not multiply examples; they will recur to each one of you. To be sure these results might have

been avoided in a sanatorium where the patient would have been under guard; but such cases, after all, are few in comparison with the total of cases under treatment. The majority of patients will use due care, if the importance of the subject be presented to them, and it is possible, if such measures be necessary, to have the watch established and conducted by the friends and family rather than by hirelings.

I will acknowledge, too, that it is of the utmost importance that the invalid should have the proper amount of out-of-door life, here again regulated to the demands of the particular case. If he be weak, it should be obtained by sitting or resting in the open air; if he be stronger, by moderate walking and driving; and, where he is able, by a life in the saddle.

But we in Colorado have not found it necessary to build sanatoria to carry out these ideas, and our results can attest our successes.

It is of the utmost importance that the strictest attention should be paid to the diet of the invalid. Undoubtedly this can be regulated to a fine point in a sanatorium. It may be necessary to cater to a capricious and whimsical appetite, or to have the food supplied frequently and in small amounts, all of which can be carried out in a sanatorium, as is done in the two I have mentioned.

But when this becomes absolutely necessary it can be done in one's home quite as well as in a sanatorium, and that is the plan followed in Colorado.

It is not necessary to go into all the details of

the regulation of an invalid's life, which can undoubtedly be carried out to their fullest extent at some well-conducted institution. There are these very decided objections in my mind to such methods.

I think that it should never be lost sight of that the phthisical invalid is a human being, usually of mature years, who values his independence, who chafes under discipline of any sort, and who hates and detests being schooled again, or being huddled with other invalids like a flock of sheep.

It seems to me that enough attention has not been paid to the treatment of the mental states of phthisical patients. The *spes phthisica* has become proverbial, and it is spoken of off-hand as though, given a phthisical case, he must necessarily be hopeful, and therefore cheerful, a condition that he can no more help, and for which he is no more responsible, than a good Knox Presbyterian is for the sins that he was foreordained to commit.

This is by no means the case. He may be deceived as regards the seriousness of his condition, but he is by no means free from depression. He is rather fond of dwelling on his symptoms, of comparing notes with his fellow invalid. He watches too closely, if he be permitted to do so, his appetite, his digestion, the hours of sleep, his temperature, the amount of cough, and character and quantity of his expectoration.

He is easily depressed by a slight variation from the normal in any of these conditions, and is made very apprehensive by any ill that befalls another invalid, lest the like may soon come upon him. A

death casts a gloom over the whole community, and produces a mental depression in a colony of invalids that has a serious effect upon their well-being.

Because of this infectiousness, because of their too great susceptibility to the blues, because grit and determination and a cheerful mental condition have a great part to play in effecting a recovery, I think it unadvisable to congregate invalids where their thoughts are constantly employed in comparing notes with fellow invalids, and where they are subjected to the depressing influences that necessarily surround disease.

Again, all authorities agree now-a-days that an aseptic air is a prime essential in effecting a cure. I need not run over the writers to prove this fact. It is a well-recognized principle, and can be summed up in the words of Dr. Hermann Weber: "Hence it is clear that *purity* or an *aseptic state* of the air is the first demand which we ought to make on the climates to which we send persons affected with phthisis;" and then later on he writes: "*Purity* or *aseptic quality of the air is incompatible with the crowding together of a large number of invalids.*"

This is, it seems to me, a positive objection to the sanatoria, that by crowding the invalids together they render an air aseptic in itself very foul and septic. So well recognized is this that great pains are taken at most sanatoria to produce good ventilation.

But no better precautions can be taken, it seems to me, than to isolate such cases from each other.

I must confess that it strikes me as somewhat absurd to advocate the absolute necessity for a pure,

aseptic atmosphere, and then to constantly subject the patient to septic influences.

Dr. Geddings, of Aiken, in a recent paper, writes: "The physician in search of a health resort for his phthisical patient wishes to know, above all things, the extent to which the air of the place proposed is aseptic." Later, in the very same paper, which is a strong plea for the desirability of Aiken as a health resort because of its possessing an aseptic atmosphere, he writes:

"For a number of years I have resided near a large hotel which, during the winter, is frequented by a number of consumptives in every stage of their disease. These people, in expectorating, not infrequently miss the spittoon, and the muco-purulent sputa reach the carpet-covered floor. Others, again, use their pocket handkerchiefs as cuspidors, or, as I have seen them do, they spread over the bed a large newspaper for that purpose, preserving it until the physician makes his visit in order that he may see the amount and character of the expectoration. Thus, even when not deposited upon the floor in the first instance, the sputum dries and portions of it, after being diffused through the atmosphere of the rooms, eventually settle upon the carpet. Then, mixed with dust, the bacilli are frequently stirred up by sweeping, but, in obedience to the laws of gravity, soon return to their resting-place on the carpets. This goes on for months; day after day, week after week, the process is repeated, and it would be difficult to devise a better method of making a wholesale collection of tubercle bacilli."

We accept the doctor's statement, and believe that his conclusion is correct. It would be difficult to

devise a better method of making a wholesale collection of tubercle bacilli.

Inasmuch as he also tells us that this large hotel is frequented by consumptives who have gone to Aiken under the advice of physicians, because its air is so thoroughly aseptic, we congratulate them on having attained their object so thoroughly.

But, leaving now the general discussion, I must hasten to summarize my ideas.

I am a firm believer, from years of experience and on theoretical grounds, in the efficacy of the Colorado climate in the arrest of a large number of cases of pulmonary tuberculosis of the types mentioned by Drs. Knight and Lindsay. I believe that the best results are obtained under the advice and careful supervision of a competent physician on the spot. I do not believe in congregating invalids, quite as much because of the dread of mental contamination as because of the exposure to septic influences.

I am convinced that good results are only to be obtained by paying strict attention to the minutest details in each individual case in regard to the diet, exercise, sleep, ventilation, clothing, the several functions of the body—in fact, by a close watch over a patient's daily life.

I know that this can be done, as it is now being carried out in Denver, Colorado Springs, Manitou, and other places in Colorado, by permitting the invalid to live a home life, in his own house or one that he rents, with his family; or, where such surroundings are not possible, in a well-selected boarding-house.

There are objections at times to this method. The physician does not invariably have the absolute control of his patient that he would have were the case placed under strict surveillance in an institution for such cases, and bad results do occur, as I presume they do even at Görbesdorf or Falkenstein. But, gentlemen, I have been a consumptive invalid myself, and many of you have also been in the same condition yourselves, and I appeal to you, if you do not feel with me, that as a consumptive you would rather live as a man, under the plan pursued in Colorado, than be caged with a crowd of hollow-coughing consumptives in any sanatorium, even though it might have the covered walks and the winter garden, suitably warmed and ventilated, of Görbesdorf itself.

One objection is frequently made to Colorado as a resort, and that is that it is no place for a poor man.

Unfortunately this is true. The expense of getting here is great, and the cost of living after one reaches here is considerable. It is to be doubted, however, if the erection of sanatoria would materially help affairs. To be properly conducted they are expensive, and Dr. Kretzschmar says of Dr. Dettweiler's establishment at Falkenstein that the expenses amount to not over twelve marks or three dollars a day, a condition of affairs which would certainly not help a poor man very much, and a daily expense which would enable any one to live very comfortably in Colorado.