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## THE PRESENT STATUS OF TUBERCULOSIS WORK AMONG THE POOR.

*By Mary E. Lent and Ellen N. LaMotte.*

THE EXHIBIT OFFERED BY THE INSTRUCTIVE VISITING NURSE ASSOCIATION OF BALTIMORE AT  
THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

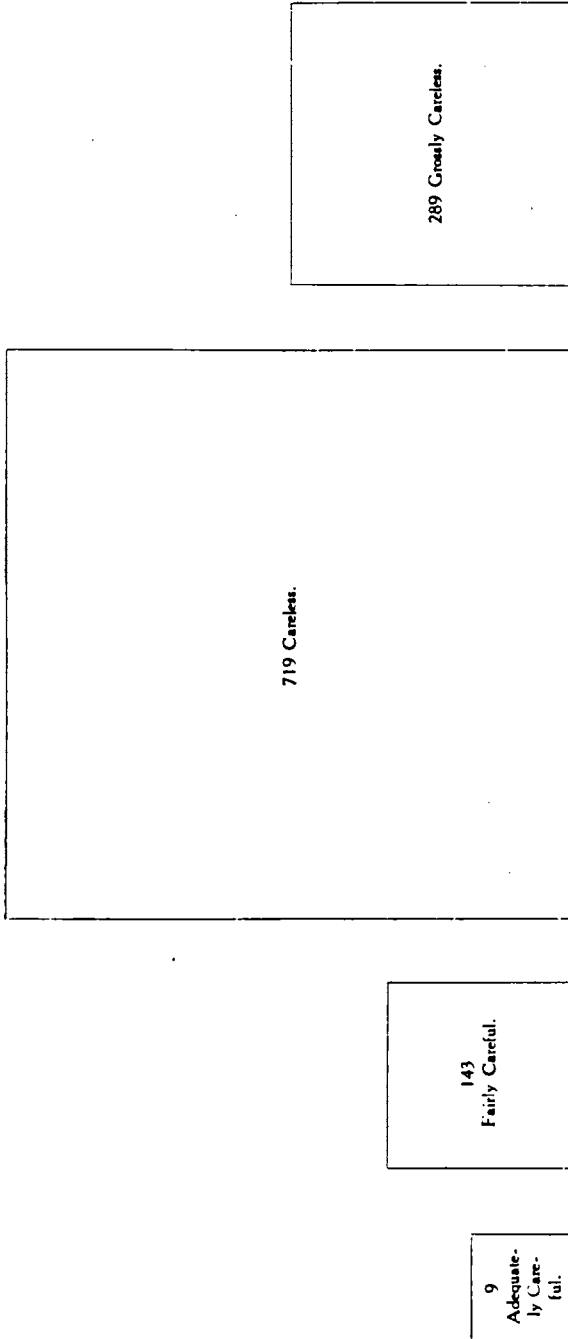
THE exhibit offered by us at the International Congress on Tuberculosis was intended not only for the purpose of demonstrating the work of the nurses, but also for a far more important end, namely, to awaken the attention of tuberculosis workers generally and as many of the public as possible to the inefficiency of the present method of combating tuberculosis among the poor.

The Instructive Visiting Nurse Association of Baltimore was the first district nursing association to place a special tuberculosis nurse in the field. In March, 1904, such a nurse was assigned to duty in a district which covered one-half of the city of Baltimore. She received calls from all sources—from physicians, dispensaries, charitable agencies and the like—and her list included about 80 patients. In May, 1906, another tuberculosis nurse was appointed, and in June, 1907, two more were added, so that the present staff consists of four nurses, whose districts cover the whole city and whose lists contain the names of nearly 1500 patients. In accordance with the sentiment which prevailed at the beginning of the tuberculosis campaign, namely, that education of the poor in their homes was the proper weapon for exterminating the disease, the work of the nurses consisted for the most part in giving instruction. The general plan of the work was as follows:

1. Instruction of the patient in regard to the nature of the disease, the value of food, rest and air, the use and disposal of sputum cups, fillers, handkerchiefs, pockets, disinfectants and the like, supplied by the nurse. Milk and eggs, warm clothing, beds and coverings, and such things as may be necessary for carrying out the open-air treatment, provided through charitable agencies.

2. Instruction of the patient's family in regard to the nature of the disease; the necessity for isolating the patient by giving him a separate room, or, if this is impossible, a separate bed; the care of utensils and clothing used by the patient, and all other necessary

CHART No. 1



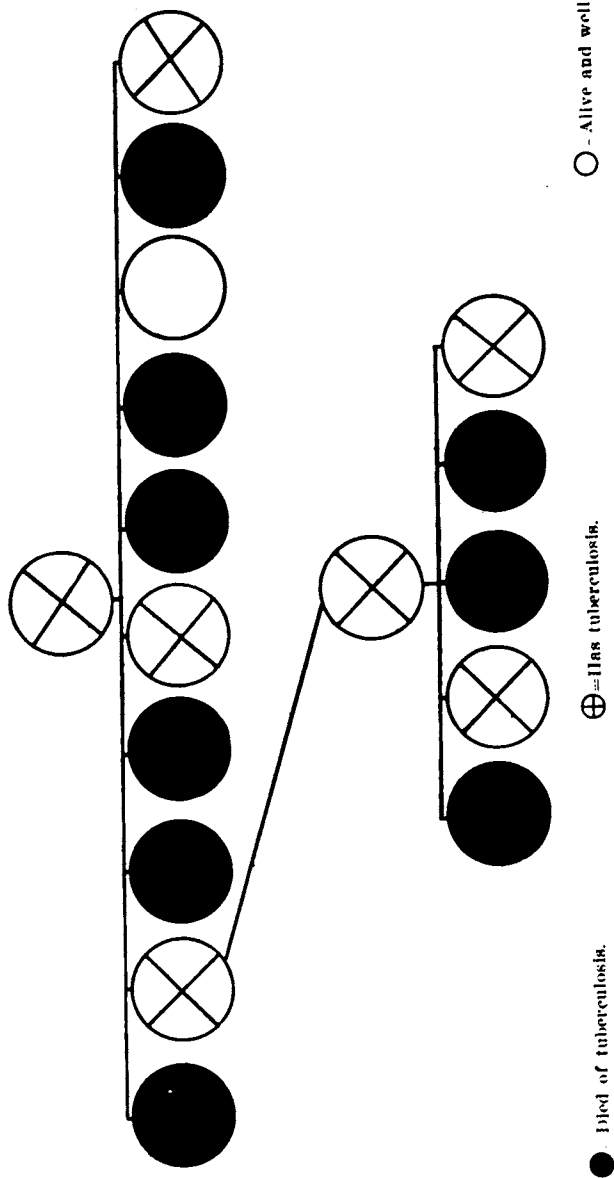
143  
Fairly Careful.

9  
Adequately Careful.

289 Grossly Careless.

FUTILITY OF THE EDUCATIONAL METHOD\* AS APPLIED TO PATIENTS ON OR BELOW THE POVERTY LINE. THEY CAN NOT BE TAUGHT TO APPLY THE PRINCIPLES OF PROPHYLAXIS TO THEIR DAILY LIVES BECAUSE THEY LACK THE MENTALITY, THE MORALITY AND THE ENVIRONMENT REQUIRED.

CHART No. II



points which concern either the comfort and well-being of the patient or the prophylaxis of the disease.

3. Registration with the State Board of Health of all cases diagnosed; report made to the City Health Department of all houses or rooms in which tuberculous patients have died or from which they have been removed, in order that these places may be fumigated.



2. Four generations of consumptives. No one in this family could be taught the use of any precautions. Laundry work done in their homes has been their chief occupation, so that they have been sources of infection not only among themselves, but to the portion of the community which employed them.

All of these features of the work were illustrated in the exhibit, but its chief object was set forth in the series of photographs, posters and diagrams which called attention to the inadequacy of the results obtained by the educational method and the causes for this inadequacy. Our conclusions in regard to this have been drawn from careful records kept during nearly five years of continuous work, in which 3000 cases of tuberculosis were dealt with. When the work was first undertaken we were dealing with possibilities and surmises. Our plan of action was based on a hypothe-

sis which we were about to test. At present we are occupied with the results of the test; we have discovered the limits beyond which our hypothesis will not work; we are now dealing not with possibilities and surmises, but with facts. We have studied the conditions at first hand, with every possible opportunity to observe them closely and repeatedly and with all the advantages afforded by uninterrupted service during a period of five years. The facts and conditions set forth in the exhibit are representative, and embody so far as possible the net results of our experience in this field of tuberculosis work.

In the campaign against tuberculosis, as in any other effort to deal with the evils besetting society, the two primary factors to be



3. Picture of a widow with eight children. The husband and father was an advanced and grossly careless consumptive, who refused to use the slightest precautions in spite of persistent efforts to teach him. Before his death he infected his wife and four children. Because there was no provision for the prevention of such infection, the community is now supporting these five cases in a sanatorium. All nine are public charges.

dealt with are humanity and environment—humanity that creates environment and environment that distorts humanity. It is the inseparability of these factors as they appear in the concrete facts of existence that renders the educational method futile in the conduct of the tuberculosis campaign among the poor. Their mentality, their attitude toward life, their manner of living, their surroundings, all of which are inextricably associated, either as cause or effect, or as both, with the very fact of their poverty, absolutely preclude the possibility of their making any effective use of the instruction given them, however nicely this may be adapted to its



4. Picture of a court, showing porch accessible to a patient. The porch overlooks garbage cans, a surface drain, a dirty vault; therefore the patient refuses to take the measures at hand for taking the "air cure." You can move this patient into "better surroundings," but you have not removed the conditions that make for lowered resistance in the next occupant of these quarters.



No. 5.



No. 10.



No. 11.

5 and 10 and 11. Three views of the home of a tuberculosis patient who was below the poverty line. Charitable relief procured better quarters after he had occupied these for several months. Place now waiting for new occupant. Which would afford a more likely solution of the problem—relief and instruction at the stage at which patient was found, or a system which would insure his discovery and immediate segregation at an earlier stage?

end or however skillfully and perseveringly followed up. If this is the right reading of the facts presented to us in the experiences of these years, what, then, is the present status of the tuberculosis problem?

Tuberculosis is primarily a disease of the poor. It is among them that the issue must be fought out. Not till the battle is won among this class of the population will the rest of the community be safe. In this matter, therefore, the welfare of society is made to depend upon those of its members who are least fitted for the task. In no other instance today is the safety, well-being and happiness of thousands of the strong, intelligent and competent members of the community made to depend upon the weak,



6. Picture of a grocery store kept by a consumptive, aided by the older members of a family of six children. The four older children all have tuberculosis. That portion of the community dealing at the store consumes regularly bread, milk and other foodstuffs handled by these consumptives. Would you like to take the risk?

ignorant and helpless—a reversal of the proper order of things that reduces the situation to an absurdity. Nor is the absurdity lessened when we consider the method by which we are endeavoring to adjust matters between the two classes. We teach the well-to-do and intelligent that the careful consumptive is not a menace, and we try to teach the poverty-stricken consumptive to be careful; then congratulate ourselves on what we hope will be the outcome, while the very circumstances of the case are insuperable obstacles to the production of careful consumptives. How long can society afford to allow the loss of wealth, the destruction of life and happiness consequent on the ravages of tuberculosis to



proceed practically unchecked because of the failure of the means now being used against it? Clearly that part of the community whose financial standing, intelligence and ability mark them as competent for the task must take up the burden at once if society is to be delivered from the scourge of consumption otherwise than by long and slow processes involving the sacrifice of millions of human lives. Society must be aroused to the realization of the fact that the only real solution of the tuberculosis question lies in the provision of State and city hospitals for the segregation of advanced cases in which the poverty of the patients renders them helpless alike to save themselves and to protect the community. There must be hospitals so commodious, so comfortable, so easily accessible to the families and friends of the patients that removal



7. Butcher shop kept by a consumptive, spreading the infection among his customers.

to them will be a blessing rather than a hardship even in the eyes of those prejudiced by ignorance, and possibly by experience as well, against public institutions. When public opinion demands segregation and the community provides the means for it, then, and not till then, will the battle against tuberculosis be won.

Till then we are playing a losing game—worse, we are adding to the losses suffered by the community through the disease, the waste of energy, time and money involved in the futile effort to accomplish through the "educational method" a result that it is hopelessly and forever incompetent to produce.

The charts, photographs and posters shown in the exhibit are



8. In all of the houses marked X laundry work was done, so that infection was carried from them to members of the community who were otherwise fairly well protected by the fact of their being well-to-do people.



9. Room occupied by two women, one a dying consumptive. Would "compulsory segregation" in this instance have been "unnecessary" or "cruel"?

herewith reproduced in the hope that they will serve without further comment to demonstrate fully the facts which lead us to the conclusions stated above.

POSTER NO. 1.

This exhibit illustrates what our experience has proved to be the most valuable function of the visiting nurse—to discover and bring before the



12. May the careful consumptive be a menace to the community? This patient is an advanced case. He uses every precaution, sputum cups, etc. His wife, however, has contracted tuberculosis. She is the breadwinner of the family. When he is well enough for her to leave him, she packs crackers in a biscuit factory. When he is too ill to be left, she does laundry work at home. In spite of care the man has served as a source of infection to his wife. His wife is spreading the disease through the products of her work. Which is the better assurance of protection—the care taken by the individual patient, or the segregation of that patient in a hospital?

public the conditions which hinder the effectiveness of her work and prove the necessity of its being supplemented by more radical measures.

When these measures are adopted the chief function of the nurse will then be to secure their willing acceptance by that portion of the community upon which they must be brought to bear.

## POSTER NO. 2.

*Duties of the Tuberculosis Nurse.*

- To teach patients to follow the doctor's advice.
- To teach patients how to take care of themselves.
- To teach families prophylaxis and how to avoid infection.
- To find new patients, particularly early or suspicious cases.
- To get such patients to dispensaries for diagnosis and treatment.
- To teach patients the value of hospitals and to be willing to use them.
- To register patients with the State Board of Health.
- To report houses for fumigation after the death or removal of patients.
- To report unsanitary premises.
- To help in teaching the public that it must safeguard itself by adequate legislation and the enforcement of laws looking toward its safety.



13. Two advanced cases of consumption. Mother and son (one in picture) live in this one room. Woman does laundry work as a means of livelihood. The clean clothes are hung here to dry and laid on the bed after ironing, until taken home. Patients use sputum cups as regularly and intelligently as they are able. Does this constitute full assurance against likelihood of spreading infection, or would segregation be more likely to secure the safety of the community?

## POSTER NO. 3.

*Number of Cases Registered by the Nurse with the State Board of Health.*

1905.....	114 cases.
1906.....	359 "
1907.....	641 "
1908 (nine months).....	801 "
Total.....	1915 "

POSTER No. 4

*Number of Houses or Parts of Houses Reported for Fumigation During the Last Eighteen Months.*

After death..... 1672 houses.  
 After removal..... 672 "

The instruction of the family as to the necessity for fumigation is the important part of this work.



14. Picture of a so-called "cured case." The patient has learned from the nurse and is able to apply the measures required to prolong her life. She can never recover her economic efficiency, but must always be supported by charitable aid. Prevention, not cure, is the only solution of the problem for the poor.

POSTER No. 5.

*Sources from which 3016 Cases Have Been Received During the Past Four Years.*

Phipps Dispensary (Johns Hopkins Hospital).....	40%
Other dispensaries.....	10%
Found by nurses.....	20%
Charitable agencies.....	14%
Physicians.....	9%
Miscellaneous.....	7%
Total.....	100%

POSTER No. 6.

*Tuberculosis Is Primarily and Essentially a Disease of the Poor.*

Patients visited by nurses.....	3000
On the poverty line.....	1500
Below the poverty line and forced to receive charitable aid.....	1500

## POSTER No. 7.

*List of Occupations Undertaken in the Homes of Poor Consumptives in which They Earn a Scanty Livelihood and Spread the Disease in the Community.*

Out of 915 cases of consumption 35 per cent. are carrying on some form of home industry.

1. Carried on by members of patient's family (patient sometimes assisting):

	No. of families in which each occupation occurred.
Laundry work (ordinary).....	229
Laundry work (for restaurant).....	2
Sweatshop work (washable goods).....	9
Sweatshop work (non-washable goods).....	10

2. Carried on by patient himself:

Dressmaking.....	11
Shoemaking.....	7
Baby farm.....	1
Baby tending.....	3
Grocery store.....	14
Cook shop.....	4
Soup-making.....	1
Oyster saloon.....	2
Candy packing.....	1
Barber.....	3
Boarding-house.....	3
Lodging-house.....	8
Mission.....	1
Gambling den.....	1
Florist.....	1
Intelligence office.....	2
Bar or saloon keeper.....	8
Hebrew teacher.....	1
Butcher shop.....	2
Tobacco shop.....	1
Dry goods shop.....	2

## “HOW THE PUBLIC CAN HELP THE MEDICAL PROFESSION TO FIGHT DISEASE.”

By G. Milton Linthicum, A.B., A.M., M.D.,

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Medical and Chirurgical Faculty.

ONE OF A SERIES OF PUBLIC LECTURES UNDER THE AUSPICES OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

[Continued from March Number.]

The crusade against tuberculosis is one that should always be before us, one that should in every way be encouraged and helped, financially, educationally and otherwise. Each one can give a little of his time in teaching the truths of its prevention. Koch, when he gave to us his great discovery of the true cause of tuberculosis, gave the knowledge of combating it. Destroy the sputum and tuberculosis will disappear. Let everyone in a tactful way instruct those who have this disease to be careful; indeed, I say