

77 percent ameliorations. The Halila Sanitarium for the Poor, in Finland, has 36.7 percent cures and 33 percent ameliorations.

However encouraging these figures may appear they do not stand the test practically, because they are lacking in continuance. The sanitarium cure is only half the cure, half the improvement which it indicates at the time when the patient is discharged. Cure or improvement may prolong the life of a consumptive even for a considerable length of time; but what can we expect if a patient, after a successful sanitarium treatment, has to return to the same unsanitary, unhealthy tenement environment, which brought him hither?

So far as possible we keep track of the discharged cases by sending out circulars enquiring about their state of health. Unfortunately, not many send replies; and in some cases the address is unknown. It has been ascertained that out of 276 discharged patients, 32 have returned, 32 have died since leaving. Of 75 it is known that they are still living and working; 4 have left for Europe, 11 have gone to other health resorts, 3 have married since leaving.

More than 30 have abandoned city for country life. Three boys have been sent to the Woodbine Agricultural School in absolutely cured condition; one of them is earning good wages as a farmer, the other has entered the service of the United States Navy. Another young man became Assistant Superintendent of an insurance company, in one of the large cities of the Union.

The educational feature of sanitarium treatment shows another practical result. The experience and knowledge gained about the disease, its danger, its infectious character, its hygienic and prophylactic management, are widely disseminated among the families and friends of the afflicted. More than half of the patients have a "tainted" family history as regards consumption; it is gratifying to see that the early cases which we receive are mostly from families who have already acquired some knowledge and experience of the disease from relatives or friends. As indicated above, families of consumptives are beginning to move away from the city, seeking work and occupation in the suburbs or in the country.

Our institution has been working on the larger scale for only about one year; yet the foregoing statistics and facts may, I

hope, demonstrate the beneficial and practical results that we have already achieved; in the future we may expect still greater results. It may be safely stated that results will improve in geometrical proportion to the lapse of time.

From statistics already given it is possible to foretell that we may expect to treat and discharge annually from 300 to 400 patients; unfortunately, these figures represent rather the theoretical side of the question, and practically we find that about 200 to 300 patients can be discharged annually. That means that just this number of foci of infection are removed from the city.

Jaccoud's prophecy about consumption, "the enemy can be conquered," seems to be nearing its realization. A great deal has been done, and still more remains to be done. The sanitarium will do its duty further and fulfill its destiny, but there is left a wide field for another and a new phase of charity—the taking care of the consumptive after improvement and discharge.

The only hope for the poor Hebrew consumptive at present is in his "rich" brother, and his "learned" brother. He looks to the former with pitiful appeal, and I may proudly say, not in vain. What a "handful" of Jewish philanthropists have accomplished in a few years through this sanitarium calls for the generous admiration and gratitude of their coreligionists, and of the nation. They have erected for themselves a monument; engraved on it are the words of Horace:

"Exegi monumentum, aere perennius."

TUBERCULOSIS AND THE JEWS OF LOUISIANA.

DR. LEUCHT, NEW ORLEANS.

I believe that one of the most important questions now agitating practical charity is, What shall we do with people suffering from tuberculosis? What can be done for them? Are we in a position to suggest a new feature—a new help? What has been done so far? Dr. Antonio Fumoni, summing up these questions, says: The remedy offered by the congresses was the establishment of a sanitarium where tuberculous patients could be received with a certain probability of cure. It seems everybody believes that the solution of the tuberculosis problem will have been accomplished by the establishment of a sanitarium. But, after all, is it true that the sanitarium alone represents the means of defense

in the battle which the commonwealth is waging against an enemy so formidable as tuberculosis? Is it true that the spread of the disease can be checked and the safety of society assured by the establishment of a sanitarium, without other stricter measures based upon the recognition of the relation of the community at large to the enemy—tuberculosis? Shall we leave the treatment of the graver cases, the hopeless ones, to the hospitals, sending, as now, the incipient cases to the sanitarium, and allowing the wealthy, whether incipient or advanced to take care of themselves in any way and everywhere they please?

Under the present system the patient goes to the sanitarium, after, perhaps, having exhausted a great deal of his strength while trying to keep up his life's routine, and to palliate the ill by home treatment, and often having incidentally been a source of infection wherever he happened to be. After a varying period of residence in the sanitarium he goes out free to go wherever he pleases—whether he is cured or merely improved.

All over the civilized world societies have arisen to fight and to prevent tuberculosis, and Dr. Knopf in the Medical Journal of last April, says:

Nearly every German city of importance has its sanitarium association. The very latest news which comes to us from France speaks of a federation of seventy-six various anti-tuberculosis institutions in that country, which sent delegates to an assembly convoked at Paris, March 16th, for the purpose of uniting them all into a national federation. The success of that plan surpassed all expectation, and the result of the deliberation was the formation of a central bureau and council for mutual aid.

It was furthermore proposed to establish a permanent exposition for everything needful for a campaign against tuberculosis. Japan, Russia, Austria, Portugal, Spain, Holland, Denmark, Sweden and Norway have done similar work, though not on such an extensive scale. Now, the doctor makes a rather humiliating statement. Here in North America we have perhaps not done quite as good work as our brothers in Europe. There exists as yet no American or United States society for the prevention of tuberculosis. (I do not know, and had no means to ascertain the truth of the statement.) He continues and says: It grieves me to make this statement, and I do it not without a sense of humilia-

tion. But I am full of hope that, some day in the near future, we may by a combined effort be able to combat tuberculosis.

It is today conceded from all sources which are easily accessible even to a layman, that tuberculosis, in its pulmonary form, is an infectious, communicable, preventable and, in many instances, absolutely curable disease—furthermore, it can be cured in nearly all climates where the extremes of temperature are not too pronounced and where the air is relatively pure and fresh. In other words it is not always necessary for a consumptive patient to travel long distances and seek special climatic conditions; but in most instances he has a chance of getting well even in his home climate.

I quote once more: "Consumption, or pulmonary tuberculosis, is not cured, and never has been cured by quacks, patent medicines or any other secret remedies."

The most modern and most successful method of treating consumption consists solely and exclusively in the scientific and judicious use of fresh air, sunshine, abundance of water and good food and the help of certain medicinal substances, when the just-mentioned hygienic and dietetic means do not suffice in themselves to combat the disease.

Now, let me ask the question: Are sanitariums in themselves sufficient to bring help, succor and health to the afflicted? Again I turn for information to an address read before the New York Academy of Medicine on January last by Dr. Freudenthal, and I find as follows: "But what, let me ask, does one city or state sanitarium of a few hundred beds amount to? When we consider that there are in the borough of Manhattan about 25,000 tuberculous patients, such an institution is but a drop in the ocean. I have always believed, and still do so, that climate is a great factor in the treatment of tuberculosis. The better the climatic conditions, the better are the results obtained. It is recommended to establish farming colonies. Part of the grounds should be used for the erection of dwellings for the consumptive colonists, and the rest cultivated. While a large, handsome hospital building, with all modern improvements, looks imposing, it is entirely too expensive for the masses. I, therefore, propose to erect tents instead, and believe that these tent colonies will be a step nearer toward the solution of the problem."

The second requirement to be fulfilled by these tent and farm colonies is to provide the patients with some physical work. As the main occupation he recommends agricultural work, then gardening, carpentering and a few more. I believe in no rest-cure—I am in favor of a working-cure. Let the patient work and feel happy, and this is the first step toward improvement.

When I first contemplated writing a paper to be considered by this convention, it was my aim to gather facts in reference to the Jews and tuberculosis in Louisiana, and although I tried my utmost to procure some reliable statistics from all over the state, I elicited the fact that nowhere could I obtain reliable information. I had engaged the services of several physicians and corresponded with our most eminent men; but I had to abandon my undertaking, for what I did receive was rather misleading and not conducive to exact results. I requested a young physician to go over the records of our board of health, and when twenty-five volumes were placed before him to read and to analyze he lost his courage, and when, at my most earnest solicitations, he returned to what he styled an herculean work, he found it impossible to discriminate between Jewish and non-Jewish names; and furthermore, only those who had died could be ascertained, which would not answer my purpose. And here I embody the letter of Dr. Joseph Conn, which may serve as an indication of the situation, as far as the Jews in New Orleans are concerned.

“As to Tuberculosis among the Jews of New Orleans, La., of the lower class, going over the ground by personal observation and by inquiry, the absolute facts are not at hand. Statistics in regard to individual cases have not been kept, and the distribution of cases, at the various institutions of this city, are inaccessible.

“However, my experience, covering over a period of years as physician of the Outdoor Department of the Touro Infirmiry and as examining physician for the National Hospital for Consumptives, enables me to state that there has been very little tuberculosis among the foreign Jews of our city. They seem not to be susceptible to the disease, although the environment from a hygienic standpoint is not the most desirable.

“The American Jew is more liable to contract tuberculosis than the foreign Jew, on account of his habits, mode of living and presumably lack of healthful exercise—which the peddler or

peripatetic merchant, by virtue of his vocation, is bound to indulge in.”

I hereby submit the report of Dr. Joseph Conn:

PULMONARY TUBERCULOSIS CASES TREATED IN TWO YEARS AS PHYSICIAN—OUTDOOR SERVICE.

Year	Cases.	Nativity.	Improved	Died.
1901	1	Russian	1	0
1901	2	American		1
		Russian	1	0
1902	2	American.		
		Reported to Denver Hospital for Consumptives.		
		Russian, still under treatment.		

I also add the statistics of the Touro Infirmiry for the last ten years, which are absolutely correct and reliable, comprising the years 1892 to 1901:

Year	Cases.	Improved.	Died
1892	13	4	9
1893	15	11	4
1894	11	7	4
1895	24	22	2
1896	26	20	6
1897	19	16	3
1898	26	21	5
1899	20	14	6
1900	26	20	6
1901	23	18	5
Total	203	153	50

Now, when we consider how many of the patients are received in infirmaries almost in the most virulent stage of the disease, the results must be viewed quite favorably, and speak well for our mode of treatment and our climate.

Now, Mr. President, and ladies and gentlemen, I wish to submit to your a proposition for your favorable consideration. I feel impelled to preface the same by a statement that I do not own an inch of land in the state of Louisiana, and that I do not

know man or woman owning property in the locality, I am about to recommend for a "Versuchs station" to treat and to heal the terrible scourge of humanity; therefore my motives can not be impeached, even by the most scrupulous delegate, and in this respect I am willing to be judged by my record of nearly forty years in this country. The ideal place, so little known in this land, for a colony I have in view, is the Parish of St. Tammany, about forty miles from New Orleans. This parish is situated in the southeastern part of the state and contains about 600,000 acres of land. The formation is pine hills, pine flats, alluvial land and wooded swamp; soil fertile and productive. It is drained by Pearl river, West Pearl, Tchefuncta river and other streams. The New Orleans and Northeastern Railroad belonging to the Queen & Crescent system runs through the whole parish. Covington is the parish seat. Sugar, rice, cotton, corn, hay, oats, beans, sweet and Irish potatoes, and truck and garden varieties are extensively raised. The fruits are peaches, plums, pear, apples, figs, grapes and quinces in great abundance. Cattle and horses are raised. Game of every description, from a deer to a rice bird, is found in abundance. Fish are plentiful in the streams and lakes; fine trout, bass and pike are taken. The timber is pine, oak, cypress, gum, elm and hickory. There are 18,250 acres of United States government land and a quantity of state public land in the parish. Private land is worth from \$1.00 to \$20.00 an acre.

To make sure of my opinion as regards the health of St. Tammany Parish, I addressed a letter to Prof. Brand Dixon, President of Sophie Newcomb College, whose son is the Director of Dixon Academy at Covington, and I elicited the following reply: "In regard to the healthfulness of St. Tammany Parish in general and of Covington and its vicinity in particular, I doubt if I can add much to that which you already know. Its health record, as I am assured by the authorities in Washington, is unsurpassed in the United States. I have heard of numberless cases of invalids who have been benefited and cured by residence there. I have personally known many suffering from throat and lung troubles, undoubted cases of tuberculosis, who have been restored to health there. The cases of my own son and Dr. Jules Butler are known to you also. Many of the physicians of this city could tell you of well-authenticated instances of like character. As the causes

for this exceptional healthfulness I can only suggest the heavy growth of pine, the deep sandy soil, excellent drainage and fine artesian waters; also the mild climate throughout the year, tempting one to live constantly out of doors. Covington has a number of residents who can give the same testimony. They came for their health and found it—they have remained for fear of losing it. I made a careful study of the evidence before I decided to send my son there and build the Academy. I have been highly pleased with the result."

To all this I wish to add that this parish has never had a case of yellow fever, and when the whole state quarantined against New Orleans, St. Tammany alone kept her door open to every refugee, without suffering any evil results. The causes of this wonderful immunity I do not know, and no one I ever spoke to ventured a convincing reply.

Now, Mr. President, these are the honest facts in the case. Every intelligent person can deduce what incalculable benefit could be bestowed upon a colony of stricken people in such a place. A wonderfully mild climate, where the earth yields its fruit without much coaxing, where, for twelve months in the year they could live in the free, open air. The parish is situated 40 miles from a great city, where all products find a ready and paying market, and where the patient will dwell among the kindest and most generous people in the world. I do believe that the spot I have described will one day be better known throughout the Union, and by its wonderful healthfulness, may become a mecca for tuberculous people; *then* it might be too late for our own purposes and every inch of ground might be in other hands than ours. I recommend this section of my state, not for the purpose of simply building a sanitarium where people cured or half cured or benefited are discharged, going back to their old infectious surroundings, and finally succumb—none of that. I desire that tuberculous families settle *there, live* there, work there and recover from this most insidious disease, and where the tuberculous child, above all, can grow up into sound man and womanhood, in God's free air, and under the protection of a most benign climate.

Mr. President, I well know that we are not ready, nor may it be our province to colonize either sick or well people, but we

come together for help, to spread information, to instill courage and impetus into every undertaking benefiting humanity; and, perhaps, the suggestion which I ventured to bring here may one day be the seed from which may grow the tree under whose foliage many sufferers find shelter and help; and should I be yet among the living I cheerfully promise, in my behalf and in behalf of my community, to assume the guardianship of such enterprise as it behooves good citizens and faithful Jews.

President Senior.—Brother Grabfelder has very much surprised me by giving the information that the things he and I spoke of a year or more ago are now in a fair way of accomplishment; that there is to be provision made for what he and Dr. Herbert have laid stress upon, namely, that after you have practically cured people in the consumptive sanitarium you want to see them stay cured; and to my mind to return a consumptive patient, even though he may be apparently cured, to Canal street or Rivington street, or similar situations in the city of Chicago, St. Louis or Cincinnati, where they live in tenement houses, is practically to invite a recurrence of the disease. It is on that account that the movement Mr. Grabfelder has mentioned today is of such great importance. It is not, however, for this purpose I arose, but to call attention to one movement in connection with the tuberculosis matter to which I referred in my paper. The Denver hospital may accommodate during the year 300 or 400 people. Let us hope in the course of two or three years it may accommodate a thousand; let us hope in the course of time the Bedford Sanitarium may do as much. If they will accomplish the utmost they can hope to accomplish, it will not be a drop in the bucket. One person out of every seven dies of tuberculosis. At a meeting held recently in Cincinnati, the startling statement was made that out of 100 autopsies, 97 showed that some form of tuberculous trouble has occurred in the bodies of the deceased. It is true, in a large majority of these cases the disease had ceased; it had healed over; but I mention this in order to bring home to you the fact that this disease is the most widespread in the whole history of mankind, and that it affects everybody, rich and poor alike, without exception. And the form in which I hope that this meeting may have some result is that every person who leaves this meeting may return to the state in

which he or she resides and devote the best energy possible to establish state societies for the prevention of tuberculosis. I am informed that in Massachusetts and some of the eastern states, movements of this kind are already in force, and in fact Massachusetts, I believe, has established a state sanitarium for consumptives. In Ohio we formed a small society of this kind about a year ago, and the first result of our activity has been that at the recent session of the Legislature a commission was authorized to report on the subject at the next session of the Legislature. This commission is to investigate fully the desirability of establishing a state sanitarium of the kind mentioned, to inquire into its cost, into its most favorable location and all other matters naturally suggesting themselves. Every one of us can go home and aid and encourage a movement of this kind. It is a matter which I am convinced will appeal to everybody; and it will be of inestimable benefit to our own people.

Mr. Grauman.—Pardon me; what is your experience with the patients that have been returned to Cincinnati from the Denver hospital?

Mr. Senior.—I am really not in the best position to answer that question. Our superintendent is present today and is probably in a better position to answer in regard to the details of the Cincinnati patients than I am, but I will say it has been the endeavor of the United Jewish Charities of Cincinnati to see to it that no man who goes to Denver shall ever return to Cincinnati.

Delegate.—There is a statement made by Mr. Grabfelder in his paper that I desire to contradict. He said there were 3,500 consumptive Jews in this country and also that the Denver hospital had sent home ten percent.

Mr. Grabfelder.—I stated that the Denver hospital could not take care of 10 percent of the poor Jewish patients who have consumption. While I am on the floor I desire to speak in regard to some claims. New York claims to have 140 sunshiny days while Colorado has 300 sunshiny days in the year. Now, patients suffering from tuberculosis require sunshine and good food. As far as good food is concerned we try to furnish

them with the best food obtainable in the market and with all the air and sunshine possible.

Dr. David Klue.—I wish to correct our President. Instead of 300 sunshiny days in Colorado, we have 360. But, ladies and gentlemen, I have heard considerable said here, in regard to the sanitariums throughout our broad land which were provided for those unfortunates who are troubled with incipient pulmonary sickness; but we have another thing to deal with which really requires more attention than the curable cases, and those are the incurable ones who are among us. Unfortunately, they come of their own accord. We have hospitals there of different kinds, but none of them will admit incurables. They cannot find entrance in the homes and consequently a great many of them are really left upon the city and upon charity associations, which are unable to relieve them; and it would be a great charity if this convention would take up that question of providing a home somewhere in Colorado or elsewhere to relieve those people who are pronounced incurable. The homes and charitable institutions are closed to them; and if you could see the suffering of those people, you would certainly agree with me that something ought to be done. We ought to take up that question. There is as much necessity for doing something for them as for the curables.

Mr. Grauman.—I desire to ask through you, the President of the Denver hospital for consumptives, first of all whether it is a non-sectarian institution; and if so, what percentage of Jews are the inmates of that hospital? That is a subject I have not heard brought out.

Mr. Grabfelder.—It is a non-sectarian institution, and there are about 80 percent Jews.

Mr. Grauman.—After they are discharged from the hospital how long does your responsibility last? In other words, when shall our responsibility cease?

President Senior.—I say never. We have the choice of either spending our money in Colorado in order that people may live or spending it in their homes where they linger along for years and die. I believe in Cincinnati we have the best example of that. We have one case of a consumptive family that has cost us over \$5,000.

Mr. Morris Levy.—Mr. President, when I left home I promised to maintain the dignity of my state by keeping quiet, but I can not refrain this afternoon from raising my voice after hearing the eloquent address delivered by the gentleman from Denver on the subject of the National Hospital. I see a great many of the delegates feel alarmed lest after they send their consumptives there they may return. Now, I think the problem can be very easily overcome by delegates recommending to the various societies they represent, to give to the National Hospital in Denver a contribution yearly, and that will relieve them of a big burden at home.

Dr. Julius Meyer.—I would like to ask whether there has been anything done by the United States government.

The Chair.—There has not. I believe this is a question that is thought of very seriously—the establishment of a national sanitarium in Arizona or elsewhere.

Dr. Frankel. The time has gone by for apologizing for a sanitarium. It is simply necessary to see the results. Under the law in Germany the workmen are compelled to insure themselves, and the government is compelled to institute a sanitarium. After corresponding with seventy of these, I find the percentage of recovery obtained there about equal to that obtained in the United States. Two years ago I took the stand before this audience and I take the stand today that the problem of the treatment of consumptives is the problem of a single locality and not the problem of an entire community. I do not think it is necessary to consider the medical evidence at all in this matter any longer. The proofs are so strong and so conclusive that consumption can be treated equally well in the Massachusetts sanitarium, in the bleak and dreary country in winter, or at the very height of the Schwartzwald, where it falls below 40 in winter, or in Colorado, where they have 360 sunshiny days, or in Bedford station, N. Y. Taking the consumptive in the initial stage of the disease, fresh air can effect a cure. That is determined absolutely. I simply cite here as an illustration, cited to me a few months ago by Dr. Knopf, of a man who was treated on the house-tops of New York City, by making him live on the roof of that house, and he was so absolutely cured that eventually he got a position as a ticket-taker on the elevated railroad, and gained 35 pounds in one month. I realize that sani-

tarium treatment is useless unless we are able to take care of the subject after he comes out of the sanitarium and place him in an environment to retain the conditions of health; but I realize notwithstanding, the difficulty of sending these people away from their original homes—a difficulty so great that it is going to be almost impossible for us to attempt it.

Mr. Senior.—What difficulty is there outside of monetary ones?

Dr. Frankel.—A very big one. When I came here two years ago I had up my sleeve a very beautiful proposition for the purchase of a large tract of land in New Mexico. I had made arrangements with the railroads to get the land practically for nothing. It was in a locality very close to where the United States Marine Hospital is at Port Stanton, N. M. The project was abandoned, first, because it is impossible to colonize families. I am under the impression, looking at this from the view-point of the medical practitioner, that the consumptive is better off in the neighborhood in which he has resided. If he is treated in that neighborhood the results are better than if he goes to a distance and returns to his home eventually. And this proposition we have to consider more than from the view-point of the relief society. We have to consider more than the individual; we have to consider his family. The man, unless he can return to the bosom of his family might just as well be dead; and unless he is returned to the family we haven't solved the problem by transporting him away from the place in which he originally lived. It is immaterial whether he is in Denver or in Bedford Station, so long as he is cured; but after he is cured we should endeavor to establish that man in the vicinity of his home in some enterprise in which he can earn a living; and that is the only way in which we can solve the problem. I know that Dr. Herbert—and I speak now possibly without his permission—but I know even at Bedford Station they have gone to work and placed consumptives right in the neighborhood of the station on a farm in Westchester county, N. Y. I have recently attempted through the aid of Mr. Mitchell at Boston the placing of consumptive families in the neighborhood of Boston, that is, consumptives with their families. I do that for the reason that quite a number of well-developed Jewish colonies have risen in that neighborhood, and we

can find places where those families can go. And I am under the impression that in that locality the locality should be responsible for that individual or family as long as they live; and I furthermore say that each and every one of us can attempt the solution of this problem right in the immediate neighborhood in which the patient resides.

Mr. Levi.—I do not propose to express an opinion as to whether it is advisable to go to Louisiana or the Rocky mountains or to Bedford station, and I do not think this conference can adequately deal with that subject. That is a subject for the doctors. And I say that the location of a consumptive hospital at any point for the purpose of taking care of patients from all points is a mistake. I am willing to concede that it is a mistake on the part of the consumptive to leave home and go to some other place to be cured, and if the logic of Dr. Frankel in support of this proposition is sound, it would operate to destroy his occupation as superintendent of the United Hebrew Charities of New York, because there would be no occasion for the United Hebrew Charities of New York if there were no Ghetto, and we all know the Ghetto is a mistake, but it is a mistake which has given rise to these institutions. These deluded people who leave home seeking a cure in the Rocky Mountains go there whether it is a mistake or not, and when they reach there and are helpless, it is no answer to their situation to say, you made a mistake in leaving home. They are there, what are you going to do about it? It was that condition which gave rise to the Denver Hospital. That condition obtains today. Notwithstanding the impediments placed in their way, about 48 percent of the Denver Hospital patients come from the lower east side of New York City. That is a condition and not a theory and as long as that condition exists it is necessary to support an institution at the point to which they migrate. If those mistaken people congregate in a place and become too great a burden for the local community to care for, they become a charge upon the people of the United States at large, and we must live up to that.