

threatened the committee of wealthy men, and they did it. The man owed us after six years a thousand and forty dollars, of which \$640 were received from the Jewish Agricultural Aid Society of New York. Then when the man began paying, the following year, he paid \$240, and the third year after he was able to pay, he paid everything he owed and four per cent. on the money invested, but it took eight years. You can't do it in four; sometimes it takes longer. We have another instance also of money advanced partly by the Jewish Agricultural Aid Society, and it took twelve years to enable the man to pay. The man has been living with a large family for twelve years on a farm and he has struggled along, and there is not a cent lost of the investment; because the property in itself, which was bought at \$6 an acre, is worth to-day \$25 or \$30 an acre. Nothing has been lost and everything gained.

A gentleman in charge of agriculture told me: "You will get nothing from work on the farm," he says, "because the Jew wants quick returns." I said, "You are the one that wants quick returns." It is not true that the Jew must have money in his fingers all the time. It is not so. Experience has taught me that the Jew is patient, but he must have large assistance. It requires a great deal of money not to be given but to be invested, and whenever and wherever the Jews will be able to assist a movement like that I have not the slightest doubt but it will be a success. We have the best men in this country with us. There is no use arguing; everybody admits agriculture is the means which we ought to apply to elevate our Jews. Nobody disputes that, but what we lack is funds—the willingness of the people to take their surplus money and invest it where it is necessary. Believe me, Jews or non-Jews have invested in papers that are not a tenth as good as the securities which we have—they never get back ten or twenty per cent. from the exchange. Let a Jew invest \$10 in a farm and not get it back in three or four years, then you will hear you cannot succeed. I tell you here is where we have to change. I tell you that holds good to-day. If the Baron de Hirsch Fund will buy a hundred thousand acres of land you will see if the money is not a thousand times better invested than in bonds.

The Jewish Agriculturists Aid Society came into existence on

the 28th of October, 1888. We have demonstrated that its work can be done, and to-day we are in touch with 183 Jewish families—farmers—where the amount outstanding has not yet reached \$50,000, if we deduct that which the Jewish Agricultural Aid Society advanced. Now, supposing it is true that only forty per cent. is good; supposing you wipe out the whole thing, we have made so many people self-sustaining, and if you count up what they own to-day, it amounts to a quarter of a million dollars at the very least.

MR. A. W. RICH, Milwaukee: Rabbi Levy betrayed the secret of success of the Chicago Agricultural Society, and that is exactly what every other community requires. There is a man by the name of Levy there who is giving the best part of his life for this work. I consider that more requisite than money.

I would say with reference to Dr. Leucht's paper, I haven't any doubt that the South can give the country an opportunity in creating farmers and farms. The best thing is to look around and find the man who will give his time, effort and sacrifice in order to carry out the plan—who will pave the way and find the money. You can talk of your societies giving you millions. If you haven't the men to lead in the communities you are not going to make successful farmers; it is the personal work; it is the same as Rabbi Levy has been doing that is needed. You ought to find a man in every community who is willing to make a sacrifice, and if you do that you can make successful farmers. You cannot do it with money alone.

MERCANTILE CLUB, 8 P. M., MAY 8, 1906.

THE PRESIDENT: The general subject for the discussion of this evening is "Tuberculosis."

THE TREATMENT OF CONSUMPTIVES IN THEIR HOMES.

F. L. WACHENHEIM, M.D., Chairman of the Committee on Tuberculosis of the United Hebrew Charities, New York City.

Four years ago the United Hebrew Charities of New York made an investigation, the first in this country, to determine the feasi-

bility of treating consumptives in their homes with benefit to themselves and the community. In the following year the Committee on Tuberculosis of the Charity Organization Society investigated along the same line, obtaining results but slightly different. Neither society adopted this special field of philanthropy as a permanent and distinct department, although the latter organization has, very recently, taken up the subject anew.

The cases of tuberculosis that come to us for home treatment may be grouped as follows: First, we have the advanced cases, beyond the early, miscalled incipient stage, and no longer promising subjects for sanatorium treatment. Secondly, there are the quiescent cases, where a certain proportion of wage-earning power remains, so that home treatment affords certain economic advantages. The cases that are likely to do well under institutional treatment do not concern us here, for the facilities for taking care of them promise to be entirely adequate within a year or two, being nearly so to-day; the provision for the family, while the wage-earner is in a sanatorium, is altogether a question of ordinary pecuniary relief.

In the City of New York a plan has been evolved, by which the Department of Health and the various relief societies cooperate in attending to the medical and economic needs, respectively, of poor families, one or more of whose members are afflicted with tuberculosis. The Health Department even goes so far as to furnish additional food, in the form of milk and eggs, to its patients, where the family resources are inadequate; medical relief proper is afforded through a visiting and nursing staff and special dispensaries, whose management is unquestionably of a high order. We might assume, from the above, that the management of tuberculosis is pretty well in hand, and that the home treatment just outlined, supplemented with sanatoria for early cases, hospitals for the incurables, and a complete system of general relief, covers the ground quite fully. It will be my main endeavor to prove that such is not the case, admitting, on the other hand, that our present methods are far from useless, and do meet the situation to a certain extent.

One set of cases, the second group, where there is still some wage-earning power, is eminently adapted to home treatment;

I refer especially to the numerous class who are discharged from sanatoria as "improved," "arrested" and "quiescent." Many of these patients have enjoyed institutional care for as much as a year, without giving hopes of a complete cure, but also without going utterly to pieces. If we can obtain light outdoor work for these individuals, they can be handled very well through the dispensary, if that institution is open early in the morning and late in the evening. The customary afternoon classes are quite unsuited to such as have to earn a living, the more so as, with the present crowding of our dispensaries, a visit means the loss of almost an entire afternoon. It may be said that the dispensaries under the supervision of the New York Health Department, as well as a few others, are open at suitable hours, and too much praise cannot be bestowed upon those who attend at such uncomfortable hours as seven A. M. in winter, to provide for the medical relief of this group of consumptives. Where the victim is not a wage-earner, the matter is of course quite simple, so far as medical relief is concerned.

Visits by trained nurses are an important element in the proper management of these cases, and constitute one of the most valuable features of the present system. Only thus can general hygiene, and more particularly the special hygiene required in the presence of tuberculosis be maintained; I have convinced myself that ordinary friendly visiting does not quite meet this phase of the subject, for the relief agent is usually either afraid of infection, or not fully conversant with the sanitary precautions long since proved necessary.

The full importance of proper disposition of the sputum has only become apparent since attention was called by Behring to the probability that the majority of infections with tuberculosis take place during early childhood, though the disease may remain latent for years or decades, or manifest itself solely through the symptom group called scrofulosis. As young children pass most of their time creeping or running about on the floor we see that any uncleanness, so far as relates to the disposition of sputum, is quite certain to spread the infection to the next generation, which does not acquire tuberculosis by constitutional heredity, as so often assumed, but by infection in the ordinary sense.

An important, perhaps the most important, element in the care of the consumptive at home is the supply of plentiful and nutritious food. The diminished wages of the semi-invalid are often inadequate and one of the dietetic mainstays, fresh eggs, is an expensive item in winter. When a whole family is dependent on an income of six to eight dollars a week, the consumptive is quite certain to be insufficiently nourished. The average family, of two adults and four children, requires a minimum outlay of ninety cents per day for food at the prevailing high cost of living; statistical research shows that many families endeavor to subsist on half that sum, with inevitable and evident injury to their members. The addition of varying amounts, either in money or in kind (milk, eggs, etc.) therefore forms an integral feature of this plan of treatment, and the New York Health Department, in co-operation with the various societies, but also on its own account, is making an intelligent effort to meet this phase of the situation. One point must not, however, be lost sight of, namely, that it is quite essential to see that the whole family is well fed, otherwise some of the invalid's special supply is apt to be diverted to the half-starved children.

Assuming that the wages of the head of the family amount even to eight dollars per week, the relief required by the average family, as mentioned, requires an outlay of five to ten dollars per month as a steady pension. To permit the eking out of the rent by taking a lodger is inadmissible in these families, both because of the risk of infection and the inevitable overcrowding, for the consumptive requires a light and well-ventilated room for his or her exclusive occupancy.

I have not touched upon the point that the said family will require at least three rooms, but should have four, signifying a relatively high rent; that the cheaper and very unsanitary tenements are utterly unsuited to such cases, but that the removal to more wholesome quarters uptown calls for various extra expenditures in the way of carfare and the higher prices of things in general.

The main question in the group mentioned has been that of cost; the consumptive in the active stage, too far advanced for cure in a sanatorium, presents a far more complicated prob-

lem, for which home treatment affords no solution; it has been given a fair trial, extending over years, and found wanting, for the following reasons.

When the sole wage-earner is the victim, the family rapidly falls into utter destitution; the constant attendance on an invalid who does not even permit his family to sleep, invariably results in the undermining of the health of his wife, who is apt to develop symptoms of tuberculosis within a moderate number of months; the infection of the children then becomes almost a certainty. As the general breakdown of the family progresses, the sanitary requirements, so necessary in these homes, become more and more neglected; even if the grosser masses of sputum are still disposed of according to rule, the family washing, the scrubbing of the floors, and the like, fall steadily farther into arrears, and the neighbors, even if able to assist, are apt to be in some dread of doing so, and quite rightly. It is through these cases that houses, and even entire blocks, become so badly infected with tuberculosis that nothing short of demolition is likely to stay the epidemic.

When the wife is the victim, matters are at first not quite so bad, but the infection of the husband is almost certain to ensue in time, and the above picture of squalid misery develops with equal rapidity and certainty. It might be supposed that pecuniary relief and nursing would meet the situation in these cases; the former, however, is very often likely to exceed thirty dollars per month, and the latter cannot possibly be made effective, for sufficient time is not at the nurse's disposal, to look after an entire family. When the husband is disabled, it is practically necessary to supply every penny of the family's support; economically, at any rate, the care of this group of consumptives at home is a ghastly and expensive failure.

It is no wonder, therefore, that the pioneer in the campaign against tuberculosis, Prof. Robert Koch, expresses himself as follows: "It is all very well to send curable cases to sanatoria, and record results that are often brilliant; in addition, however, the advanced cases should be given the benefit of hospital treatment. Few of them may be really cured, but we shall at any rate cut off the danger of infecting others; the consumptive

should not, under any circumstances, be permitted to waste away and die in his home."

[It is to be feared that many of those who advocate home treatment for advanced tuberculosis, and for that matter other forms of chronic wasting disease, are unfamiliar with conditions in the lower class of tenements for the poor, and the hopeless inadequacy of the resources at the command of these families. In acute disease the hospital is likely to be sought at once, but to bring a wage-earner through an attack of pneumonia or even typhoid fever is mere child's play, compared with the unending labor, expense and danger to all about, involved in the care of a far-advanced case of pulmonary tuberculosis. It is, of course, the lack of facilities for handling the latter group of patients that is largely responsible for the mentioned state of things, but a final analysis shows that the trouble lies with the defective education of the public at large; our philanthropists and public men are evidently but feebly aware of the gravity of the situation.]

It is plain that the treatment of advanced tuberculosis at home involves two questions, the one being medical and hygienic, the other economic. In managing tuberculosis in its earliest stages we solve the former by means of sanatorium treatment, and make the latter less urgent by the removal of the patient; but when we are confronted by a case of the kind now under consideration, we have but inadequate means of handling it in an effective way.

[Hospitals or sanatoria for advanced cases, analogous to those provided for the early or incipient ones, would appear to offer the best solution for this grave problem.] In New York City the municipality has done something in this direction and promises to accomplish much more; one or two religious organizations have also provided facilities, notably the Roman Catholics, in reserving 350 beds in St. Joseph's Hospital in the Bronx. [For advanced cases among Hebrews there are only about thirty beds provided in the Montefiore Home for Chronic Invalids. The inadequacy of this provision is evident; the Jewish consumptive, for various sound and sufficient reasons, is unwilling to submit to the regulations and dietary of municipal or gentile hospitals; Jewish

philanthropy in New York is, therefore, confronted with a situation that calls for the founding of an institution providing at least 150 beds, if the Jewish consumptive poor, whose prospects for cure or permanent improvement are inferior or bad, are to be treated as well as their gentile fellow-sufferers.]

It is apparent that the economic stress of the afflicted family is relieved even more by the removal of an advanced case of tuberculosis than of one in the earlier stages. There is another side to the situation, often disregarded, namely, that some rather well advanced cases, with cavity formation, become quiescent under sanatorium treatment. Every physician encounters an occasional patient who comes to him with some indifferent ailment, and is otherwise apparently hale and hearty, but in whom physical examination reveals extensive destruction of lung tissue by an old process, which has become quiescent or passed into cicatrization. Such cases would undoubtedly become quite numerous under a systematic plan of treatment, as just outlined. Too exclusive attention has been paid to the treatment of so-called incipient consumptives; advanced consumptives should receive similar treatment, not in a city hospital, but in a suburban or out-of-town sanatorium.

[It goes without saying that brilliant results cannot be expected from an institution of this kind; relatively few beneficiaries will be cured, many will go from bad to worse, and most will remain a burden to the institution for many months or even years. On the other hand, each occupied bed will signify one less focus of infection in the tenements, one less family handicapped by an ever-growing burden, and one case less on the books of the already overcharged pension list of a relief society. Beyond all doubt, the removal of so helpless and dangerous an invalid as a consumptive in the advanced stage, would save many a family from economic ruin, besides checking the spread of the most devastating chronic disease known to medical science.]