

When I was in Denver last, Dr. Lindsey, who is the leading physician of that city, and by the way a Jew, said: "Mr. Grabfelder, do you know that the patients at that hospital have a better chance of being cured of consumption than you would have if you were to come out here, than any millionaire in the United States would have?" "No, I would not imagine that is the case." He replied: "I will explain. When a patient is sent to our hospital, Dr. Levy, within twelve hours from the time he arrives and has proper rest, goes and examines that patient thoroughly. He tells me there are more species of consumption than of any other disease, and in the city of Denver they have specialists upon all the different species of consumption. As soon as the patient is examined by him and he finds what treatment is required he puts him immediately under the charge of that physician who is a specialist on his case. Now if you were to come to Denver with consumption you would perhaps come to me or another doctor, and you may have a species of that disease which is not a specialty with me, but as a matter of fact, of course, I would take it up and do the best I can for you; but the patients at the hospital receive better treatment and have a better chance of recovery than those who are treated outside of the hospital in Denver." On that medical staff we have the leading physicians in Denver, and they are enthusiastic on the subject of the National Jewish Hospital. They give us their service free of charge. We have never paid one cent to doctors in Denver. They are there a certain hour every day and will come when they are sent for, and for that reason there is not a hospital in this country that has the same facilities in regard to medical attention as that hospital. I do not care to detain you on the subject any further. I told you at the start that the Denver hospital was no creation of my own. I was forced into it. I accepted that trust and did for it what I could. But I am earnest in the work, because I believe there is not an institution in this or in any other country that can actually accomplish the same amount of good that the National Jewish Hospital can for consumptives in Denver. There is not an institution in this or in any other country so broad and so grand. There is not an institution established by the Jews that will reflect as much honor on them as will that institution in the course of time.

I believe that it is the sweetest flower in the bouquet of all the charities committed to your care; I believe honestly it is the crowning glory of the Jews of America. (Applause.)

THE MONTEFIORE HOME COUNTRY SANITARIUM FOR CONSUMPTIVES, AT BEDFORD STATION, N. Y.

DR. HENRY HERBERT.

The problem of the care of consumptives is a very difficult one; and the difficulties of the problem are enhanced when the disease is associated with poverty; yet this terrible combination is found to be of such alarming frequency that the aid of state and municipal authorities, as well as of private societies, must be invoked to check the evil. It is gratifying, as a result of such aid, to note that, according to the statistics, the death rate from consumption has been decreasing for the last ten years in cities where energetic prophylactic and hygienic measures have been taken. The recently published statistics of the board of health of New York City shows a decrease of 37 percent in the mortality of consumption during the last thirty-five years. Favorable results of this kind are reported also in Germany, England, France and other countries.

But, in spite of the reduced mortality from tuberculosis, it must be admitted that consumption is still a great scourge to humanity. It may be safely stated that the state of New York alone loses yearly more than 14,000 of its population from this disease. To how great an extent our coreligionists help to swell these figures has not been exactly ascertained. In 1900, Dr. Lee K. Frankel, manager of the United Hebrew Charities of New York City, read before your association an excellent paper, entitled, "Tuberculosis as Affecting Charity Organizations," in which he covered that subject exhaustively; the article which I have the honor to present to you may be considered a sequel to his paper. According to Dr. Frankel's researches the disease is on the increase among our coreligionists; the number of Hebrew consumptives who applied for charity being over 3 percent, against 2 percent of the preceding year. He gives a most appalling and vivid description of the distressing combination of consumption with poverty among them, and if his estimate that the Hebrew population in New York

numbers about 400,000 is correct, it may be safely stated that at least 1,000 of our coreligionists are dying annually in New York from consumption. Owing to this distressing state of affairs, I fully agree with Dr. Frankel, "that the question of tuberculosis for the Jewish societies must not be essentially a Jewish one."]

[It is not the object of this paper to examine into the causes of the disease; it suffices to say that the New York tenement house is greatly to blame for this evil, and that it is the cause of many deaths and much misery among our unfortunate coreligionists in the densely populated East Side district of New York City.

The board of health statistics of New York City show further that 1-5 of the houses are inhabited, or have been inhabited, by consumptives (Dr. L. K. Frankel). Out of 458 consumptives who were admitted to the Sanitarium at Bedford, 388, or 84 per cent, had lived in the down-town East Side districts of New York.]

Poor, but healthy, the immigrants arrive here, and fortunate are those who do not remain in the large cities, but go west; many of those who remain in New York succumb readily after a short time to the disease, having contracted it either in "sweatshops" or in their unsanitary homes. The requirements for the preservation of health are healthy surroundings, fresh air, wholesome food and proper exercise. If people sin against these laws of nature the physical adviser must bring them back to the right path; and on these principles is based the essence of the treatment of consumptives. Two years ago Dr. L. K. Frankel gave you an excellent statement of the spread of tuberculosis among our poor coreligionists in New York; it is my privilege today to tell you what has been done by our philanthropic coreligionists in the direction of combating this evil.

[As you well know the chances of recovery are generally not great; they are still less so for the consumptive poor. Dahrenberg, a French author, justly remarked upon this subject that the rich or well-to-do consumptives may recover at any stage of the disease, while the consumptive poor must die in any stage. Such words seem to be of brutal force, but they were based upon brutal facts. Happily, things have changed of late, and the situation is not so gloomy as it was ten or twenty years ago.

[As a "panacea" for the proper care and treatment of consumptives, the sanitarium was recognized long ago in Europe, and of

late years this idea has become adopted in the United States as well. The treatment in sanatoria proved so effective among the well-to-do that its adoption for the consumptive poor soon found advocates. It is not within the province of this paper to discuss in detail all that is meant by sanitarium treatment; it will suffice to convince you that this is so far the best way to fight consumption. But the Sanitarium does not pretend to cure and to improve *only*; it educates the sick as well as the healthy masses; through its educational results it gains a general and national importance. There can be no doubt that infection is carried about among the population by carelessness and ignorance; we have seen entire families wiped out of existence by tuberculosis. A patient who has once been in a sanitarium becomes decidedly impressed with its hygienic and prophylactic arrangements; and there are very few who would not gladly follow rules for preventing tuberculosis among their relatives and in their home surroundings. The esteemed president of the Montefiore Home, Jacob H. Schiff, emphasized in his annual address also the importance of isolation. To quote his words: "It is not only those who become inmates of the institution whom we benefit; it does more; it constantly removes from the midst of the community centers of disease and contagion which, form a threat upon the health of the entire city." It is for the interest of the rich man to contribute to the assistance of the consumptive poor, not merely for humanitarian reasons, but for the protection of himself and his family as well. Great financial sacrifices have been made already by our philanthropic coreligionists and still greater may be expected. A great warrior once said: "There are three things necessary to carry on war successfully—money, money and money again." To combat tuberculosis among the poor those three precious things are likewise needed. To use a mathematical simile I would say that sufficient means would reduce a poor consumptive patient to a mere consumptive, and the latter is more easily improved than the former.

[The number of sanatoria and hospitals for diseases of the lungs in the United States is a relatively small one. Dr. S. Knopf, in his book of 1899, enumerates only thirty-five institutions which offer about 1,000 free beds to the consumptive poor; since then the list of sanatoria has grown, and great activity has been dis-

played by the legislatures of different states, by appropriating funds for the erection of public sanitarium. In this connection there should be mentioned the states of Massachusetts, New York, Connecticut, New Jersey, Pennsylvania and Colorado, as well as cities and private societies.

The foci of consumption among our coreligionists are undoubtedly New York and Denver; in the former it originated; the latter is the El Dorado whither they flock, expecting ultimate cure. In each of these "two centers of consumption" there is a Hebrew institution for poor consumptives. What glorious results have been obtained in that direction by our magnanimous Hebrew philanthropists is well known to you. I refer to the successful establishment of the National Jewish Hospital for Consumptives in Denver, Colo., which took place little over two years ago.

It is my duty to introduce to your association another enterprise of similar character, a splendid growth of Hebrew zeal, magnanimity and charity, the Montefiore Home Country Sanitarium for Consumptives, at Bedford Station, N. Y.

Views and ideas about climatological treatment of consumptives have changed materially of late; it has been demonstrated that the "home climate" is, for the consumptive, just as suitable and beneficial as high altitude, dry air or southern and warm climate, provided the afflicted gets ample and unpolluted air. The proper and early recognition of such an advantageous mode of treatment of consumptives, prompted the directors of the Montefiore Home for Chronic Invalids, in New York, to relieve the congestion of their institution by diverting the throng of consumptives to a nearby country place. It was in 1895 that Messrs. Jacob H. Schiff and Lyman G. Bloomingdale each contributed \$25,000, with part of which sum a farm of 136 acres, with a two-story farm house, was bought, upon one of the hills of Westchester county. Soon after its establishment, an annex, containing a dormitory for twenty-four patients was erected, through the munificence of the late Leonard Lewisohn, whose name is forever connected with the rise of the institution, through his active interest and his large and liberal contributions towards its completion. To the untiring efforts of the President of the Montefiore Home and his associates in this noble work, credit and honor is due for the erection of the new sanitarium. In 1899 the plan for

a new building, to be erected near the old institution, was conceived; two years later the thought became a reality, and it was a glorious day for the promoters of this philanthropic enterprise, as well as for the Jewish population of New York City, and of the United States, when on May 31, 1901, Decoration Day, the new sanitarium was opened, with appropriate ceremonies, in the presence of about 1,200 guests, members and patrons, from New York City and vicinity. The Hon. Theodore Roosevelt, now President and then Vice-President of the United States, the Right Rev. Bishop Potter of New York, the Hon. Oscar L. Strauss and Dr. Alfred Meyer, were the speakers of the day, while opening and closing prayers were delivered by the Rev. Drs. S. Schulman and Maurice Harris. A flag was presented by Lafayette Post G. A. R., No. 140, and raised on its behalf by Col. Murphy. With pride I may reiterate the words uttered on that occasion by the present chief of our nation, the Hon. Theodore Roosevelt:

"I have come here to express to you the debt of obligation that the people of the United States are under to you, not only for the deed itself, but for the example of the deed. There is an appropriate lesson in citizenship, which limits only the source from which it draws and leaves unlimited that to which it gives."

Thirty-nine miles distant from New York City the sanitarium is situated 440 feet above sea level, among the rolling hills of Westchester county; it is built on stony and sandy soil, three-quarters of a mile from the station, 500 feet from the road and with no factories and very few dwellings in its vicinity. The climate is mild, the annual mean temperature is 50.1 degrees Fahrenheit, with moderate precipitation, and an average of 140 clear days during the year. The air is pure, and from all sides there is a fine view of a beautiful undulating country; another pleasant feature is the almost entire absence of mosquitoes. The sanitarium has a southern exposure and consists of a group of longitudinal, parallel wings, with an administration building in its center; an enclosed corridor at the rear connects the four wings, and back of the central building are kitchen, laundry, engine and boiler-rooms. The building is of wood, on a stone foundation, 409 feet long, two stories high and has a capacity of 160 beds. Two of the wings are for men and one each for women and children. The whole building is lighted by electricity, and the water for the

place is taken from an artesian well, 500 feet deep, from which the supply is pumped to a reservoir 50 feet high, placed on the top of a hill 35 feet high, in the rear of the building. A modern system of sewage-disposal has been introduced; a large sterilizing apparatus for disinfecting purposes, and a crematory for destroying garbage, refuse and sputum, complete the sanitary outfit. The dormitories for patients are installed in the four wings; the two inner wings have a ward on each floor; on the first floor there are rooms for one or two patients each and accommodating 20 patients altogether. Every ward, every floor of these wings has a sun-room; on the first floor there are broad verandas in front and in the rear. Each ward has its own bath-room, pantry and nurse's room. The patients sleep in rooms or wards with windows wide open, each patient having about 1,200 cubic feet of air space. In the administration building there is a large dining-room, accommodating 150 patients, a library containing about 500 volumes, a hydriatic institute, a laboratory, morgue, offices, storerooms and private rooms. The rear annex contains kitchen, laundry, engine-rooms and sleeping rooms for help. The old smaller dormitory, originally erected by the late Leonard Lewisohn, has been converted into a synagogue, in which services are conducted regularly. A piano and a large orchestrion give the patients entertainment and many a pleasant hour.

The building and its outfit represent a cost of about \$250,000, and the expense of maintenance per capita for each day amounted in the last four years to the following:

From 1897-1898, \$1.38; from 1898-1899, \$.81; from 1899-1900, \$.78; from 1900-1901, \$.87 (from passing exceptional causes).

The management is in the hands of a medical superintendent, who is assisted in his medical work by two resident physicians; the entire staff of the house, including the officers and help, numbers thirty-six; the farm and garden require four men. Connected with the institution is a farm of 136 acres, which supplies the house with milk, eggs and vegetables.

[The institution receives consumptive poor only who are residents of New York City, and in the first or second stage of the disease, irrespective of race, creed or nationality.]

Patients apply for admission at the Montefiore Home in New York, where each is examined by a medical officer of the institution; members of the board of directors investigate personally each case as regards its civic merits and report thereon to the board, which decides upon the question of the admissibility of the case. If admitted, the patient is directed to present himself again at the Home; he is then re-examined, provided with a sputum-cup and sent to the Sanitarium at the expense of the institution. A conveyance from the Sanitarium awaits him at the railroad station; on arrival he is given first a meal, afterwards a bath; in the meantime his clothes are disinfected in the sterilizer. The same day his weight is taken, as it also is on the 1st and 15th of each month. Subsequently a thorough medical examination is made and properly recorded; a systematic plan as to how he is to spend his time is laid out for him. During his stay in the Sanitarium he is provided with a full outfit of clothes and underwear; the first six months he is not allowed to make a visit to the city unless a very urgent reason demands his presence there. A charitable feature of the institution, from a special fund provided for this purpose, should be mentioned, viz.: the contribution of rent, or a part of it, to those families who are left in need by the sickness of their bread winner; many patients at the time of their discharge are also given monetary assistance, for the purpose of supporting them for a time, while they are looking for work.

The daily routine life of a patient in the Sanitarium is as follows: breakfast at seven a. m. in the summer, at 7.30 a. m. in the winter; after breakfast the patient makes his bed, takes medication and has his temperature recorded; if the latter is normal he reports at 8.30 for work assigned to him; at 10 a. m. hydriatic treatment, milk and bread, with subsequent rest until 12 m., when dinner is served. Patients report again for work at 1.30 p. m.; at 3 p. m. milk and bread are given and most of them have rest again until 6 p. m., the time for supper. At 9 p. m. patients are obliged to retire. This mode of life, including work, applies only to consumptives in the early stage, without complications, or fever, and of good muscularity.

A great problem in an institution of this kind is the proper disposition of the time and occupation of each patient; the mo-

notony of a sanitarium life, home-sickness, inactivity of brain and body, would certainly weary a patient very soon. In well-to-do and educated consumptives this question does not afford so much difficulty; music, reading, certain sports, games, will occupy his time pleasantly and divert his mind from brooding upon his sickness. There is greater difficulty in handling the less intelligent and poorer classes of people, who have been used to daily physical labor; these patients have to be kept busy with regular daily physical work, which should be pleasant, without being injurious to them, and at the same time useful to the institution. The system of methodical and useful work for patients has been practiced since the opening of the institution, and my experience during the last four years has led me to believe that the best results in regard to cure and improvement have been obtained from the "working class" of patients. A record of the work accomplished by patients shows that usually 1-5 to 1-3 of all the patients have reported for work; they were kept busy on an average three hours daily, but there have been, and are still, exceptional cases which are doing light work from three to eight hours daily; for these patients the meals, medical treatment, baths, rest or walking form only pleasant interruptions in their daily routine. There are always some who attend efficiently to clerical work; one acts as driver, another as barber, tailor, stock-clerk, synagogue care-taker, helper to the nurse, assistant in drug-room or laboratory, attendant in dining-room, office, park, garden and farm. It is not unusual to see twenty or thirty young people, during the season, employed at farming work. With great pleasure many of them indulge in outdoor sports, such as tennis, croquet, rowing and fishing.

Since the opening of the institution there have been admitted (up to April 15, 1902) 458 patients, 361 males, 97 females. Of these there have been discharged 276 (240 males, 36 females); died 50 (35 male, 15 female); remained 132 (87 male, 45 female). The death-rate is 10.9 percent; up to one year ago we had had only six cases of death; but when the doors of the new institution were thrown wide open last year there were admitted under a joyful impulse of enthusiasm, consumptives even in the last stages of the disease. The management of the institution is at present inclined to be stricter in the exclusion of the advanced,

complicated and presumably incurable cases. Of the patients 198 were married, 240 single, 10 widowed. There were treated in the institution 26 gentiles, that is 5.6 percent.

The nationalities were as follows: 403 foreigners, and 53 American-born. Of the foreign countries Russia ranked first, with 232; Austria-Hungary second, with 114; Roumania had 24 and Germany 22.

The occupations were various; tailors lead the list, with 161 persons.

The average stay was four months and twenty-two days. The statistics of location of the patients' homes showed that out of 458 patients, 388, or 84 percent, lived in the down-town district of New York.

The statistics of weight show that of 260 recorded case

Gained in weight	176, or 67.5 percent
Lost in weight	38, or 15 percent
Remained stationary	46, or 17.5 percent

The highest gain was 35 pounds.

Out of 251 properly recorded patients were discharged

Apparently cured	41, or 16.3 percent
Improved	153, or 60.9 percent
Unimproved	57, or 22.8 percent

The percentage of cures and improvements together amounts to 77.2 percent, a result which by no means is inferior to that obtained in other sanitarium. For comparison's sake, I wish to quote from Dr. S. S. Knopf's book on "Pulmonary Tuberculosis," results reported from sanitarium here and abroad. The Adirondack Cottage Sanitarium at Saranac Lake, N. Y., has 20-25 percent of cures, and 30-35 percent of ameliorations. The Loomis Sanitarium, Liberty, N. Y., has 25 percent cures and 50 percent ameliorations. Muscoka Cottage Sanitarium, Canada, shows 74 percent cures and improvements. Three sanitarium at Goerbersdorf, Germany, report on an average, 25 percent cures, and about 50 percent improvements. The Falkenstein Sanitarium for the Poor, at Ruppertsheim, Germany, reports 13 percent absolute cures and

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