

# HOSPITAL CARE FOR OPEN CASES

## Gen. Sternberg Objects to Home Treatment of Forms of Tuberculosis.

### DISCUSSES THE DISEASE AND CURATIVE METHODS

Advices Legislation to Protect Members of Families from Infection by Contact.

The disadvantages of home treatment of tuberculosis patients are pointed out in a statement by Gen. George M. Sternberg, president of the Association for the Prevention of Tuberculosis, given out last night. He points out that legislation should be passed for the removal of open cases of the disease to sanatoria and hospitals and states his reasons.

"Experience has demonstrated that a change of climate or of location is not essential for the successful treatment of tuberculosis in many parts of the United States," he said. "Continued residence in a hot and damp climate is decidedly injurious. The tonic effect of dry, cold weather is decidedly beneficial. Indeed, the breathing of cool fresh or cold air is one of the most important factors in the treatment of this disease. This may be secured at or near the sea level, during the winter months in a large portion of the United States, by living and sleeping out of doors. In summer the nights are not sufficiently cool in many localities to insure refreshing sleep, even in the open air. But an elevation of from one thousand to three or four thousand feet will usually insure cool nights in any latitude.

#### Better Air in the Country.

"That patients may be successfully treated in their own homes in our eastern cities is a well established fact. But I think it is also generally admitted that tuberculous patients do better in the country, where the air is fresher and the temperature usually several degrees lower than in a nearby town. Having these facts in view, sanatoria are springing up in all parts of the northern United States and in some sections it is the aim to have at least one in every county. Recently there seems to be a tendency on the part of many medical men to deny or ignore the special advantages claimed for such sanatoria and to treat the patients in their own homes.

"In discussing the 'home treatment' we must consider it from two points of view—the interests of the patient and the interests of his family and of the community in which he lives. So far as the patient is concerned, it may be admitted that under favorable circumstances as to surroundings, nursing and medical supervision the results of treatment may be as satisfactory as in a sanatorium. Favorable circumstances must, of course, include sleeping and, so far as is practically possible, living constantly in the open air. But it is evident that in the vast majority of cases it will not be possible to keep the patient under such ideal conditions and to give him such constant care and supervision as may be secured at a well regulated sanatorium or for advanced cases in a tuberculosis hospital. I believe it to be a fact that many patients, who remain at home on the advice of their physician, or because they are unwilling to leave their home surroundings, advance from the incipient and curable stage to a point when recovery is almost hopeless, and then are sent to a sanatorium as a dernier resort.

#### Another Point of View.

"But if the chances of recovery at home were equally good, there is another point of view which should induce us to insist upon the building of more sanatoria and hospitals for the accommodation of tuberculous patients, and to urge upon the unfortunate victims of ignorance and neglect the cruel consequences which may result from a selfish determination to remain at home when the way is open to them to 'take the cure' at a near-home sanatorium.

"It is a well established fact that every case of tuberculosis has become infected by tubercle bacilli which developed in and were given off from a preceding case, or from a bovine source. If every case of the disease could be placed in a sanatorium and kept there until recovery or death or efforts to exterminate this 'great white plague' would soon be successful.

"We hear a great deal nowadays about 'antisiphophilia' and I may be accused of making statements which are likely to cause undue apprehension and to lead to the imposing of unnecessary restrictions and hardships upon the innocent victims of this disease, who are no doubt entitled to our deepest sympathy. But we must not allow our sympathy to induce us to ignore the interest of those who are not yet infected and who, through our neglect to insist upon the truth as regards the danger of infection, may become links in an interminable series of cases.

#### Dangers of Infection.

"Now, as to the danger of infection, it is true that ordinary association with a patient suffering from tuberculosis, when proper precautions are taken as to the disposition of the sputum, cleanliness of person, etc., is attended with very little risk. This is shown by the fact that physicians, nurses and attendants at sanatoria do not contract the disease from association with the patients. The tubercle bacilli are not given off with the breath in ordinary respiration, but are emitted in little droplets of mucus or an explosive cough. Even these little droplets containing bacilli offer very little danger unless they are projected directly into the face and mouth of a very susceptible person.

"Most adults have a very slight susceptibility to infection. But it is different with children, and we now know that tuberculosis infection usually occurs in childhood, although the development of the disease, in recognizable form, often does not occur until adult life. Bacteriologists have shown that in many infectious diseases it takes a certain number of germs to infect a susceptible animal. This is no doubt also true of tuberculosis. The repeated introduction of a few germs only, especially in adults, have no effect, whereas a massive dose may lead to a localized infectious process, or even to general military tuberculosis.

"How then are the children infected? The answer is simple. In their homes, by their father or mother or brother or sister or aunt or uncle or the servant. The chances of becoming infected out of doors, in the streets, on the street cars, or even at school are small indeed compared with the liability to become infected in their own homes if there is an 'open case' of tuberculosis in the house. It is for this reason that tuberculosis is recognized by sanitarians as a house disease, even with reasonable care a person who is suffering from this disease, but do not hesitate to say that its chance to escape infection is very slight when the patient is ignorant, careless or indifferent.

#### Result of Investigation.

"The immediate incentive for this paper I have found in a publication, just received, which brings the facts to light in a convincing manner as a result of a carefully conducted scientific investigation. This paper is entitled 'A Study on the Spread of Tuberculosis in Families,' and is published by the University of Minnesota. The report is made by

Herbert G. Lamson and the investigation was made by a committee of which Dr. George Douglas Head was chairman. The method pursued consisted in the application of the Von Pirquet test to all members of a family in which there was an advanced case of tuberculosis, or in which a recent death from this disease had occurred.

"As a rule a positive result was obtained in all or nearly all of the members of the family who lived in the house with the sick person. As a control the members of other families were tested, in which there had been no case of tuberculosis. The result of the Von Pirquet

test in these families was almost uniformly negative.

#### Conclusions Reached.

"The conclusions reached are stated as follows:—

"I conclude from the above studies, first, that the spread of tuberculous infection in families where open cases of tuberculosis exist is greater than it is generally understood to be. Sixty-seven per cent of the individuals of these families, excluding the center cases, show

evidence of tuberculous infection. In no case where there has been definite proven exposure of a family to an open case of tuberculosis, no matter what precautions have been taken, have I failed to find a spread of infection. In at least ten cases investigated the infection has spread to the limit of available material. Every member of these ten families shows evidence of tuberculous infection.

"Second, that in families where no cases of tuberculosis have been found, no matter what the home life or living conditions were, the number of individuals

showing evidence of tuberculous infection was small, namely 25 per cent.

#### Latent and Healed Cases.

"Third, that in families where cases of latent tuberculosis exist the spread of infection is not as great as in families where open cases of tuberculosis are found; 22 per cent against 67 per cent.

"Fourth, that in families where healed cases of tuberculosis are present, the spread of infection is less than in families where open cases exist, 33 per cent against 67 per cent.

"Fifth, that in families where no tuber-

culosis is found, the number of individuals showing evidence of infection is very small (22 per cent) in comparison with the families in which open, latent or healed tuberculosis exists.

"In view of the facts developed by this investigation I think it is evident that we should discourage the home treatment of tuberculosis and insist upon legislation for the removal to sanatoria and hospitals of open cases of the disease, who are living under conditions which endanger other members of their families. Unless this is done a new crop of cases will continue to develop in the home circle of these unfortunate victims

of close association with previous cases of the disease, and our campaign for the prevention of tuberculosis will be indefinitely prolonged."

#### NEW COURSE OF STUDY.

Work Done at Army Service Schools to Be Harmonized.

Prof. G. J. Fleeger and E. R. Stuart of the United States Military Academy faculty have been ordered to this city for

temporary duty at the War Department to assist in a reorganization and rearrangement of the courses in the service schools.

At present the courses of study at the schools at Fort Leavenworth and the War College overlap, and are not altogether in harmony with the work done at West Point. The War College has been working on the question for some time, and its recommendations are being submitted to the faculty at West Point and Leavenworth.

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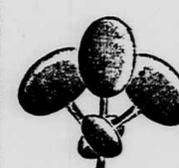


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Cameo Scarf-pins; gold mounted; many beautiful designs.

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Solid Gold Initial Rings; any initial.

**\$10 Up**  
50c a Week.



Beautiful Diamond Solitaire Rings. Large perfect cut diamonds.

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Silver Military Brush Sets; in silk-lined cases.

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Gold Signet Rings; many other shapes and designs for monogram; free engraving.

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50c a Week.



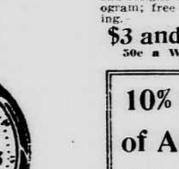
Quadruple Silver Shaving Mugs; gold lined; complete with brush and case.

**\$5 and Up**  
50c a Week.



Sterling Silver Cigarette Cases, plain and fancy engraved.

**\$5 and Up**  
50c a Week.



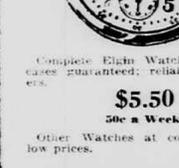
Comb, Brush, Mirror; sterling silver backed; artistic designs.

**\$8 and Up**  
50c a Week.



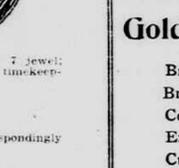
Silver Jewel Boxes; silk lined; numerous sizes.

**\$3 and Up**  
50c a Week.



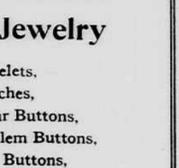
Sterling Silver Mantle Sets, 11 pieces, with comb, brush, mirror, etc.

**\$10 and Up**  
50c a Week.



Quadruple Silver Shaving Stand; mirror can be raised or lowered and inclined at any angle.

**\$7 and Up**  
50c a Week.



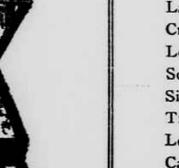
Heart-shaped Gold Locket, set with diamond in center.

**\$3.50 & Up**  
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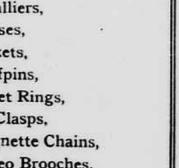
French Opera Glasses, pearl mounting.

**\$8 Up**  
50c a Week.



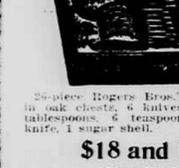
Gold-stiffened Bracelet Watches, with solid gold dial; convenient and reliable timekeepers.

**\$10 and Up**  
50c a Week.



Ladies' Gold Stiffened Watches; guaranteed hunting cases and reliable timekeepers; American movement.

**\$12.50 and Up**  
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Large Cameo Brooches; solid gold mounted; many sizes and designs.

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