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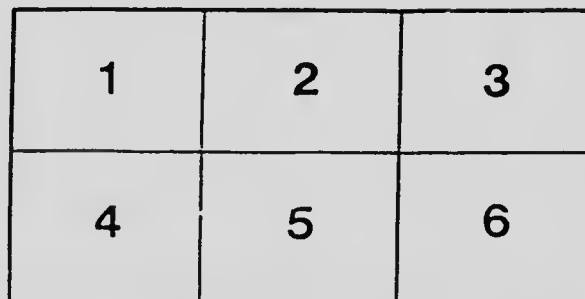
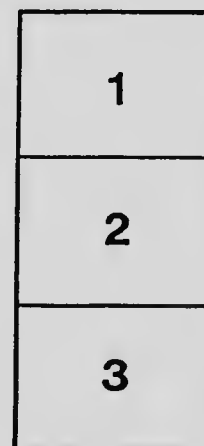
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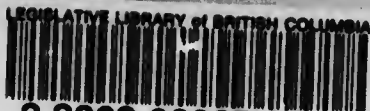
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BRITISH COLUMBIA  
ANTI-TUBERCULOSIS SOCIETY.

—o—  
A SUMMARY OF THE WORK ACCOMPLISHED.  
—o—

TO THE PUBLIC:

The British Columbia Anti-Tuberculosis Society, having passed through many vicissitudes, may now be considered as having reached a position which will enable it to effect some practical benefit for those in whose more direct and particular interest the movement was inaugurated; and that the efforts of the promoters were justified, it may be remarked that, although the Sanatorium was opened only on November 28th last, yet every available bed—twenty-three in number—is now occupied.

In view of this striking endorsement of the first practical results in the campaign against tuberculosis, the Board of Directors consider this an opportune time to place certain facts before the public.

Every intelligent citizen knows, or should know, that consumption is a house disease. The presence in a home of a consumptive person, who is not informed as to just what he or she should do in order to prevent danger to others, is a real peril to the other members of the household; whereas the conscientious, instructed and intelligent consumptive is practically as little menace as the healthiest person in the community.

Notwithstanding this, there are homes, almost innumerable, in which, following the advent of the first case, and because of carelessness and inattention to practically minor or elementary precautionary measures, successive victims are seized and carried away by the disease.

Here, then, is matter for thought. Heredity does not play the part it was once thought it did, and although it undoubtedly predisposes, yet it is now known that infection from existing cases is the direct cause, and without that infection there can be no consumption.

This being so, we have in our hands the power to control the greatest known destroyer of human life. Let each of us ask ourselves, are we doing our duty regarding this question? If not, is such neglect either

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reasonable or human? The spirit of self-protection, inherent in every human being, aside altogether from the broader principle of Christianity and the humanitarian aspect of the question, places upon the individual, as well as the public generally, the duty of doing something towards stamping out this common evil, and those refusing or neglecting to assist assume the serious responsibility of fostering a danger to their own personal health as well as to the community generally.

A field of work here suggests itself which the women of the community should claim as largely their own. When the first case of consumption appears in the household of a poor, or, indeed, any family, there is the time when the mother of that family needs the ministrations of some person who is sympathetic, tactful, and knows how to advise correctly and supervise a little. Such work, to be effective, must be done through organised societies.

An opportunity will be given every city, town and district in British Columbia to form societies. Every member of the community is asked to join, not necessarily with the intention of devoting time and effort to the campaign at the expense of the ordinary avocations of life. This is a work which may be carried on quietly and earnestly in all places and on all occasions, and without any of that offensive obtrusiveness or enthusiasm which is often the cause of failure in public educational endeavours.

That the consumptive may be cured, and that consumption can be prevented, should be the motto for these societies, and will, no doubt, spur them on to press on municipal and other authorities the imperative need of active and practical assistance in the cause. The churches, too, can be asked to use the influence they undoubtedly possess to warn the masses that they must not, like Job, rail at what may appear to be God's curse, when, in reality, it is the result of our own ignorance or indifference.

Our school authorities, also, could be urged to take more interest in the matter of health, not only in seeing that teachers are qualified to convey a reasonable knowledge of how to live so as to avoid contracting consumption, but to give special attention towards the physical betterment of the children under their charge.

These are some of the matters which must be taken in hand if we wish to successfully grapple with the tuberculosis fiend; success or failure depends upon our own individual as well as united efforts.

For all practical purposes it is now universally admitted that consumption is contracted in one way only, namely, by the entry of the consumption germ (*Bacillus Tuberculosis*) into the body. It is also universally admitted

that this germ comes from persons or animals afflicted with consumption. Milk is the great carrier when it comes from animals; while the sputum, or spit, is practically the only medium by which it is conveyed from man to man.

Whether Koch is correct in his declaration as to the impossibility of the animal passing the disease on to man, or whether Von Behring is right in his statement that all true consumption has its first stage in infancy, are matters with which we need not be concerned and which may be left to the scientists for argument. The great principle remains: That the sick consumptive can pass on his disease to persons who would not have been victims had the sick one acted conscientiously and intelligently.

Here, then, we have a simple proposition. Is it worth the expense and trouble to handle the propagators of the disease so that they may become as little danger as possible to ourselves, our families, and the community?

There are many proposals as to what is the best method for handling consumptives. Some people advocate that the consumptive be treated in his own home; others think that dispensary advice, and providing, when necessary, tents or shacks is sufficient; while others look on special hospitals as being too expensive for the results obtained. These views arise from two causes:—

1st. The enormity of the problem and consequent impossibility of effecting the desired end.

2nd. The failure to cure a majority of patients and the relapse of many who were thought to be cured.

The magnitude of the problem is certainly appalling, for we know that two out of every seven of all deaths occurring between the ages of 16 and 35 are due to consumption. The great civil war in the United States destroyed 650,000 persons in four years. The cause of this war was just, but the destruction of human life is looked on with horror. We know that 600,000 persons perish from consumption every four years in the United States. This, unlike the civil war, is not justified, because it can be prevented. Of course, then, the contemplation of the problem is almost paralysing, but, to meet the difficulty, we will look in vain to inaction. A policy of drift cannot be permitted in the present age of progress and knowledge.

As to the question of failure to cure consumptive patients. No doubt, in too many instances, the unfortunate patient is beyond help; but why? Once consumption gets a strong hold on an enfeebled constitution it is rarely cured. Its progress may be checked, but the patient need not expect to be physically reconstructed. He may be patched, but can never be made whole again.



It is, however, different with a case recognised in its very early stage. If the constitution be good and if what is termed the "resisting power" be high, then the results are most satisfactory and the actual percentage of cures vouched for by reliable authorities runs as high as 70 and 80.

As to relapses. No doubt, there are many. Why? Because the patient is often compelled to return to over-crowded and ill-ventilated living-rooms and work-shops and may be subjected to over-strain or over-fatigue; or his resolve to lead a more wholesome life fails, and he returns to old evil habits of drink, excitement and consequent worry, etc. Of course he is then ready for a fresh infection or the old infected centres break down. In this connection it must be remembered that no amount of fresh air during work will compensate for the lack of sufficient nourishing food or bad accommodation during the rest of the day.

These conditions, happily, do not prevail in British Columbia to the same extent as they do in older and more populous countries. It presents an aspect, however, of the problem which can and must be met if we are to continue to claim the title of civilized people.

Let us then consider what is the best method of handling our consumptives. The Germans lead the world in actual results obtained, and statistics show that the death rate from consumption has been reduced 62% during the last 20 years. I understand their sanitary laws are actively administered and they have more sanatoria for the treatment of consumptives than any other country in the world. The insurance companies, too, finance and control a number of sanatoria and are increasing the accommodation. Is this from philanthropic motives or good finance?

There is no chronic disease requiring more persistent and watchful care, more absolute personal control on the part of the physician, than consumption. The doctor must regulate every little detail of the patient's life, must enjoy his entire confidence, must inspire him with his own enthusiasm. Upon these principals, and the skilful application of remedies to meet complications, the modern and successful treatment of consumption depends.

In a sanatorium no fanciful theories, untried methods, or mere experiments are proposed. The simple, God-given remedies, viz.:—fresh air, suitable food, rest and exercise, under expert supervision and suitable, cheerful surroundings, have more than proved their efficiency.

A further advantage connected with such an institution is that the admission of a patient means the removal of one source of contagion from the general community; and when, after treatment, such person is returned cured, or otherwise, to the ranks of the public, he or she is an educational



centre of first importance, because the first principle impressed on a patient on entering a sanatorium is the care he should exercise in his personal habits; the necessity for cleanliness, for care in disposal of anything about him which would spread, or even be likely to spread, contagion; in a word, he is persistently taught to move and live so that no other human being shall be likely, in the remotest sense, to suffer on account of any thoughtlessness on his part in the care of himself. Such a person, when discharged from the institution, is by his training in the sanatorium not only impressed with the necessity for continuing such caution, but, because of his knowledge so gained, becomes in his family and general surroundings an educational influence infinitely more effective than all the literature and arguments of physicians and authorities on the subject. Need more be said in support of the view that the sanatorium is the best place for the consumptive?

I know of no other objection to the construction of sanatoria than that of *cost*. Of course, if money considerations compare with lives, valuable to the community and capable of being saved at reasonable cost, then argument becomes useless.

The Germans paid over forty-five million dollars prior to 1905 for handling consumptives and carrying out sanitary reforms with special reference to consumption, and thus reduced their death rate sixty-two per cent. This reduction means the saving of some two hundred thousand lives.

The Germans are not sentimental, but are practical philosophers, and that they are correct is, I think, more than proved by the following figures adopted from Marshall Leighton and worked out by Dr. Richer, of Montreal:

A human life at the period of industrial usefulness is worth \$6,000, distributed as follows:

To the Federal Government, \$1,000 (which is the universally accepted figure).

To the Provincial Government, \$500.

To the Municipal Government, \$500.

To the community and family, \$4,000.

The above calculations have been made from the "rationale" of productiveness, based upon the expectancy of life at the period of industrial usefulness, as follows:—At twenty-five years, the average age at which tuberculosis is fatal, the expectancy of industrial usefulness is twenty years, the average earning capacity \$500 per year, five per cent. of which goes to the Provincial and five to the Municipal Government, making the total of \$500 to each in the course of the twenty years. These contributions are both:

direct and indirect, and according to the law of mutuality represent a sum superior to \$500, but this sum-total, if it errs, does so on the side of conservatism.

#### WHAT THE SOCIETY HAS DONE.

An Act of Incorporation was passed at the last session of the Local Parliament, forming the British Columbia Anti-Tuberculosis Society into a body corporate, with certain powers. Under its authority a Board of Directors was appointed who drew up and adopted a constitution.

This constitution largely deals with the question of management of the sanatoria. It provides that funds be raised for the maintenance of the institution in the following ways:—

- (a.) Ordinary subscriptions.
- (b.) Collections through branch societies.
- (c.) Grants by Municipalities and Corporations.
- (d.) Income from investments.
- (e.) Workmen's subscriptions. Bodies of workmen subscribing regularly shall have the first claim on the beds for themselves and the members of their families dependent upon them, to the full extent of their total subscriptions, *e.g.*, if the total amount of their subscriptions amounts to half the cost of maintenance, half the beds will be at their disposal without further payment.
- (f.) Weekly payments by patients. Fourteen dollars weekly will be charged such patients, but the Executive have power to remit all or part of this amount if the circumstances of the case demand it. *No patient shall be refused admission to the Sanatoria, or discharged before cured, solely because of inability to pay.*

#### CONTRIBUTIONS.

The matter of collecting money in order to procure a suitable site and building for the treatment of incipient cases of consumption was left in the hands of a small committee. This committee has collected close on \$80,000 the larger sums, down to \$1,000, being as follow:—

Local Government . . . . .	\$20,000
The Honourable James Dunsinuir . . . . .	10,000
Canadian Pacific Railway Company . . . . .	5,000
Vancouver City Council . . . . .	5,000
Vancouver Auxiliary Society . . . . .	2,300
Victoria Auxiliary Society . . . . .	2,400
Victoria City Council . . . . .	2,500
Pat. Burns & Company . . . . .	1,000
William Farrell . . . . .	1,000
British Columbia Electric Railway Company . . . . .	1,000
Mr. and Mrs. Wm. Fortune . . . . .	1,000

The balance was contributed in smaller sums, as follows:—

11	@	\$500	.....	\$	5,500
2		300	.....		600
9		250	.....		2,250
11		200	.....		2,200
1		150	.....		150
102		100	.....		10,200
72		50	.....		3,600
1		30	.....		30
104		25	.....		2,600
2		17	.....		30
93		10	.....		930

The following amounts were also contributed:—

Rossland City Council and Citizens	.....	\$1100	00
Kamloops City Council	.....	500	00
Enderby Citizens	.....	184	00
Alberni	.....	25	50
Ashcroft Citizens	.....	54	00
Cedar Hill	.....	20	00
Salt Spring Island	.....	29	00
Mayne Island	.....	83	00

The following Societies also contributed as under:—

Native Sons	.....	Victoria, \$	50	00
K. of P. Far West Lodge	.....	"	25	00
Masons' Lodge No. 1	.....	"	25	00
Stone Cutters' Association	.....	"	25	00
Stationary Engineers	.....	"	5	00
Bartenders' Union	.....	"	5	00
Cigar Makers	.....	"	2	00
Barbers' Union	.....	"	2	50
Letter Carriers' Association	.....	"	9	50
Garment Makers' Union	.....	"	15	00
Machinists' Union	.....	"	10	00
Typographical Union	.....	"	10	00
Street Railway Employees	.....	"	10	00
Painters & Decorators' Union	.....	"	10	00
Bricklayers & Masons	.....	"	25	00
Stationary Engineers	.....	"	20	00
Musicians' Union	.....	"	10	00
King's Daughters	.....	"	250	00
Vancouver Island Football Association	.....	"	108	15
Victoria City Band	.....	"	30	30

The following additional amounts were also subscribed:—

Masonic Grand Lodge	.....	\$	500	00
Comox Miners' Hospital	.....		250	00
Dramatic Club, Revelstoke	.....		90	00
Odd Fellows, Gateway Lodge	.....		10	00

The Branch Societies in Victoria, Vancouver, New Westminster and Penticton have contributed generously to the Maintenance Fund. Details will be given later.

The above statement is taken hurriedly but is practically correct. A strictly accurate statement will be published in book form after the Annual Meeting and the list of subscribers will be given in detail.

The purchase of Tranquille Ranch from Mr. Wm. Fortune was a serious undertaking, and heavy responsibility was assumed by the Board when they undertook to expend \$58,000 for a location for our Sanatorium. I hope, however, to be able to show that the transaction was justified and in the best interests of the aims and objects of the Society.

The farm consists of about 600 acres. The soil is a sandy loam and is capable of producing almost any kind of crops in luxuriance. There are about ten acres laid out in fruit; the remainder yields ordinary farm products. Tranquille Creek supplies water ample for irrigation and it is expected will also supply power for light and other purposes at the Institution.

In connection with the 600 acres above named there is a grazing ranch of 8,000 acres. This land is leased from the Dominion Government for two cents an acre. The combination of the two ranches affords the essentials of success, and with sound common sense and management they should more than pay good interest on the money invested.

Our bargain with Mr. Fortune included everything on the farms, which are approximately as follows:—700 head of cattle, 75 horses, pigs, fowls, farm implements, stables, barns, etc., etc.

Besides these there are two houses well built and on stone foundations, one containing fifteen and the other six rooms.

The Board of Directors was fortunate in securing the services of Mr. W. W. Shaw to act as Manager. Mr. Shaw is a reliable and practical farmer, and it is hoped the public of British Columbia will take an interest in his annual reports. His first report will be printed next March. In this the exact details as to conditions and number of stock will be presented.

Tranquille is situated on the north side of Kamloops Lake, about eight miles to the west of the town of Kamloops and 250 miles to the east of Vancouver. It has a southerly aspect and an elevation of 1,100 feet, and is well protected by bluffs from prevailing winds. These winds come from the south-east and are sometimes strong but seldom cold. The worst winds blow up the lake from the north-west. These are cold and strong, but Battle Creek Bluff should, and indeed does, afford great protection.

The average precipitation is 10.6 inches, eight inches being in the form of rain and the remainder snow. The average highest temperature, as taken from a number of years, is 97 degrees, and the lowest six below zero. The average temperature of the two hottest months (July and August) is 68 degrees, and for the two coldest (January and February) is 25 degrees. The mean temperature for the year is 47 degrees.

These, then, are the conditions at Tranquille, and I have no doubt experience will prove that the Board of Directors made selection of a site where conditions are most favourable for the treatment of consumption.

That a good business transaction was undertaken time alone can prove, although I have yet to hear of anyone, knowing the conditions, to say otherwise than that the property was acquired at a low price. But, even did we make a poor bargain, I would yet believe we acted wisely in procuring such a site, for here we can supply our patients with meat, eggs, butter, milk and vegetables of known purity and freshness. Further, and this is of the greatest importance, patients can be exercised by work when deemed advisable by the Medical Superintendent.

#### WHAT THE SOCIETY IS NOW DOING.

The two houses at Tranquille, used as hotels by Mr. Fortune, have been renovated and fitted up at a cost of about \$4,000, and although the construction is not all that could be desired, yet they afford a means of meeting the immediate needs. Beds, bedding and other articles of use, purchased by the Victoria Society at the Royal Naval Hospital sale, have been sent to Tranquille and the Superintendent has already expressed himself strongly as to the suitability of these articles.

Twenty-three patients are undergoing treatment, and many others have applied for admission, but no more can be admitted till further accommodation is provided.

Dr. R. W. Irving, late medical attendant at Gravenhurst Sanatorium, is in charge, and gives his entire time to patients. Miss Matheson is Matron, and I have little doubt will maintain her reputation for ability, firmness and kindness.

In order to gain admittance as a patient it is necessary that certain rules be complied with. Admission forms will be sent to anyone applying to Dr. Irving at Tranquille, or to myself, as Secretary, at Victoria. This may appear to savour of "red tapeism," but it must be remembered that to effect real benefit it must be known what are the exact conditions of every patient before he or she undertakes a long journey, possibly to be told that nothing can be done to assist them. Let it then be thoroughly understood

that no patient can enter Tranquille Sanatorium unless they have submitted applications on regular forms and the Medical Superintendent has instructed them to proceed to Tranquille. Anyone who seriously considers the best interests of patients and the institution will recognise the need of this absolute rule.

#### WHAT THE SOCIETY PROPOSES TO DO.

A commodation for existing cases of consumption is the first consideration. These cases must be divided into two classes—"incipient" and "advanced." Each must be handled differently, and it would not be to the advantage of either to live under the same conditions or at the same altitude.

Tranquille is intended for incipient cases only, and the Society hope to build an institution for these which will be capable of accommodating any British Columbian who is unfortunate enough to contract the disease. Whether the site will be near the present building, or half a mile back from the Lake, will be decided by the meteorological observations taken during the winter.

The proposed building will be as simple and inexpensive as possible, with accommodation for at least fifty patients. The estimated approximate cost is \$75,000. Plans are being prepared by Messrs. Dalton and Eveleigh, of Vancouver, and it is hoped a definite recommendation will be submitted at the annual meeting.

In order to meet pressing existing demands, the Vancouver Auxiliary Society have generously voted money to build two cottages. It is hoped this will suffice for the present winter, and that from now on all efforts will unite to obtain sufficient money so as to enable us to build suitable and permanent structures.

A hospital for advanced cases of consumption is urgently needed, and the Society, recognising this, has pressed on the Government the need of assistance. The Government has promised \$10,000 towards the building of this institution, and the Society are anxious to start work on same, at the earliest possible date. At least \$25,000 is needed for this building. It will be located at a lower level than Tranquille, as experience has shewn that a high altitude is very detrimental to advanced cases.

In conclusion, let me bring home the facts that a duty is cast on the community as a body, rich and poor alike, to lend not merely an apathetic assistance to this movement; not that the rich man should write out his cheque for his subscription, nor that the poor man should pay his dollar, and that then both should sit back complacently and say "my duty is done."

Humanity first, mutual safety second, calls for united action between the north and south poles of society. Capitalist and working man, master and servant, are equal in this greatest of modern missions among mankind; there is no distinction of class or quality; disease and death bring all men to a common level; we cannot, by either united or any other effort, defeat death ultimately, but we have it in our power to combat disease, some kinds partially, some effectually. That the work we have commenced is necessary cannot be denied; that it is effective is amply proved. The man, the woman, the father, the mother, the brother, the sister, who stand aloof, says in effect: "Let danger surround us, let those sink who cannot swim." The one without family, without kindred, who adopts a similiar stand says: "What is Society, or what is my brother man to me?" In short, they stand on the banks of the river into which human beings have fallen, and when they could save them by stretching forth a helping hand, they allow them to perish miserably and hopelessly. To do this actually would be criminal; to do it morally is almost the same. The person capable of doing it morally would almost do it actually; and the same person, with positions reversed, would be the first to cry out for assistance. I cannot believe there is such an one in British Columbia, and am satisfied it is only thoughtlessness that hinders every responsible citizen doing his part, let it be great or small.

C. J. FAGAN,  
*Secretary.*



