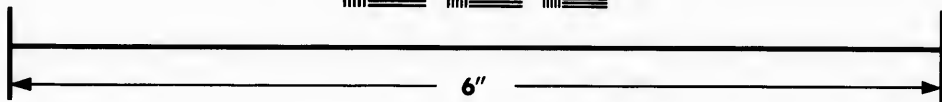
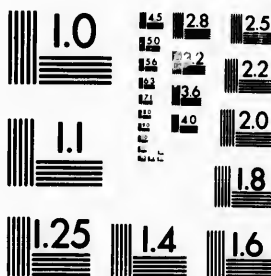


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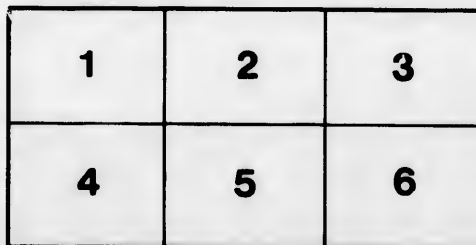
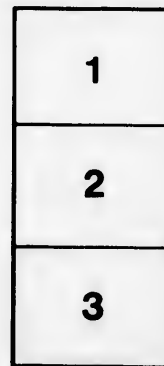
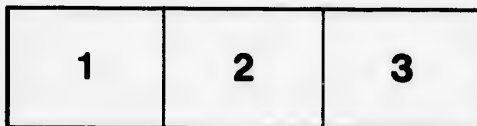
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# HOW TO DEAL WITH THE CONSUMPTIVE POOR.

By

*E. J. BARRICK, M.D.,  
OF TORONTO.*

REPRINTED FROM  
THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.  
OCTOBER, 1899.



## HOW TO DEAL WITH THE CONSUMPTIVE POOR.\*

BY E. J. BARRICK, M.D., OF TORONTO.

I BEG to submit the following as among the more important means of dealing with the consumptive poor, including the providing of the necessary funds therefor:

1. The establishment and maintenance of a rural sanatorium in connection with each municipality or group of municipalities for the reception of such cases as admit of a reasonable hope of cure or improvement.

2. The erection and maintenance in connection with the above sanatorium of a suitable isolated building for the reception and treatment of such advanced cases of the disease as are unsuitable for sanatoria treatment, and until such provision is adequate to utilize so far as practicable the various existing hospitals for that purpose, and would urge upon the authorities of such institutions the absolute necessity of adopting such means of isolation as may be approved of by the Provincial and Local Boards of Health.

3. The co-operation of the Dominion Parliament, Local Legislatures, municipalities, philanthropic and charitable organizations and individuals in providing the necessary funds therefor.

4. And further, that the following plan of co-operation is worthy of careful consideration:

(a) The adoption of regulations by the Dominion Parliament and Local Legislatures for supplementing grants approved of by by-law submitted to the qualified ratepayers for the purchase of land and erection of buildings.

(b) A per diem allowance by the Dominion Parliament, Provincial Legislature, and Municipal Council, supplemented by philanthropy and charity by subscriptions, donations, bequests, legacies, etc., for the maintenance thereof, and that such rural sanatoria should be under the control and management of a large committee of citizens, acting in conjunction with the Local Board of Health.

The subject of tuberculosis at the present time is undoubtedly one of the most important questions that can engage the attention of any government, legislature, municipal council, association or individual; and to whom are the eyes of the world turning to-day for light and guidance, but to the medical practitioners, who in

\* Read before the Canadian Medical Association, August 30th, 1899.

their daily rounds are brought face to face not only with this disease in its various stages, but also with the distress and poverty that are its natural consequences. Could there be then a more fitting place for its discussion than the thirty-second annual meeting of this National Association of medical men?

I hope, therefore, Mr. President, that this paper will receive at the hands of this meeting the consideration that the subject deserves, and that you will bear with me while I endeavor as briefly as possible to state some of the more important reasons in support of the propositions I have here laid down.

You will observe that I have left the broader domain of the subject and confined myself strictly to one phase, which I believe is of the utmost importance in checking the spread of tuberculosis and lessening the mortality therefrom, namely, the isolation and treatment of the consumptive poor and the providing the necessary funds therefor.

The subject has been dealt with somewhat exhaustively from a scientific and clinical standpoint, and the consensus of opinion is that the disease is contagious, preventable, and curable, especially in the earlier stages.

Sanatoria have been built in various parts of the world, and the medical and public opinion in both Great Britain and America is, that whether viewed from a preventative or curative standpoint, the sanatoria treatment of tuberculosis has produced the best results.

But while sanatoria provision has been made for the reception and treatment of those who are able and willing to pay, so far the doors have been closed against the poor. While the mortality of the disease falls most heavily upon the artisan, the wage-earner, and especially upon the poor, where the conditions and surroundings are more favorable to the spread of the disease, it is a deplorable fact that no sanatorium door is to-day open to the consumptive poor. The object of this paper is to open a door.

I need not dwell upon the first two propositions setting forth the desirability of rural sanatoria, of isolation in existing hospitals, as these, when viewed from a scientific and clinical standpoint, like the axioms and postulates of Euclid, are self-evident, not only to medical men, but to every thinking person, and therefore require no discussion, argument, or demonstration.

But while we should ever keep before us the scientific and clinical aspect of this question, and it is perhaps more strictly within the province of this Association to confine its deliberations to that side, yet if any progress is expected to be made in a more rational way of dealing with the consumptive poor, public opinion must be directed to the practical, financial, and economical side; and this is the object of the third proposition, to which I shall devote the time yet allotted to me.

The third proposition calls for the co-operation of the Dominion Parliament, Provincial Legislatures, municipalities, philanthropic



and charitable organizations and individuals, for the purpose of providing the necessary funds.

I shall note first some of the excuses offered why none of these four sources of help have done anything towards the end here sought.

The first cry is one of regret—"no power"; second, one of poverty—"no money"; third, one of repudiation—"none of our business"; and fourth, one of discouragement—"no use trying."

It is claimed that the Dominion Parliament has "no power," the British North America Act having delegated that power to the provinces. It was, however, gratifying to read in the daily press a few weeks ago of the stand that was taken in the Dominion House by Dr. Roddick, Sir Charles Tupper, Dr. Sproule, and others, that notwithstanding the above fact, they thought the question was of national importance, and that the Dominion Parliament should take action.

It is claimed that the provinces, having a fixed income and an increasing demand from the existing charities, have "no money" for rural sanatoria.

It is claimed by prominent municipal politicians, and I have heard them say, "it is none of our business; it is a national question, and should be dealt with by the Government."

It is said by philanthropic and charitable people that there is "no use trying to cope with a question of such magnitude unless the other three sources mentioned co-operate."

Thus we have reproduced day after day and year after year by these four sources of help the old, old story of the Priest and the Levite, with this exception, that so far no good Samaritan has come to the relief and opened one sanatorium door for one poor consumptive.

Now, Mr. President, at the close of this nineteenth century, when million dollar funds are being raised by the churches, and the spirit of combination, amalgamation, and trusts seem to be floating in the air, is there no power that can be brought to bear upon these four sources of help to bring about the co-operation asked for in the third proposition?

There is one power, and I believe only one, that can bring it about—it is the power of public opinion. Every parliament, every legislature, every municipal council, every organization and association of every kind, and every individual has power and can assist in producing the necessary public opinion. As the mighty power of Niagara is only the united power of the tiny rain drops that fall from the clouds, so the mighty power of public opinion is only the united opinions of the individuals that make up the nation.

I hope, therefore, we have heard the last of the "no power" cry, and that all will unite to bring about the co-operation so much needed in the interest of the consumptive poor.

I shall now give a few reasons why each of the four sources mentioned should contribute and also co-operate.

### WHY THE DOMINION GOVERNMENT SHOULD CONTRIBUTE.

It goes without saying that the Dominion Government represents the nation. A nation may have ever so valuable assets in its forests, in its fisheries, in its mines, in its broad acres of fertile land, etc., but the most valuable asset a nation can have is its people; and this is eminently true of a nation like this Canada of ours, with its unparalleled natural resources awaiting development. The cry of the nation is "people, more people!" And successive governments have expended large amounts of money, and given large grants of mineral and fertile lands to induce people to come and live within our borders and assist in developing these rich resources.

Now statistics tell us that of all people who die between the ages of 15 and 60, no less than 37 out of every 100 die of tuberculosis—37 out of every 100 die at an age when their lives are of the most value to the nation, to the municipality, and to the home—37 out of every 100 die of a disease that is preventable and curable.

Now I submit that one of our people is at least of as much value to the nation as one immigrant, and I am sure that public opinion that approves of the expenditure to secure the latter will also endorse the granting of a moderate amount of money towards the isolation and treatment of our consumptive poor, and thus check the spread of the disease and save and prolong the lives of our people.

Again, a large proportion of the national revenue is obtained from a tariff duty. It is a pretty well established fact that the consumer pays the duty, therefore it is not unreasonable that a portion of the revenue thus contributed by the people should be returned to them. It is used to protect the people from the spread of tuberculosis. Again, a considerable amount of revenue is derived from the liquor traffic. Now everyone will admit that the excessive use of intoxicating liquor lowers the vitality of the system, produces poverty, and thus predisposes the victim to the development of tuberculosis; is it unreasonable then to ask that a portion of the revenue thus obtained be applied to the care of the consumptive poor?

### WHY THE PROVINCE SHOULD AID.

The provinces should aid in the first place because they have the power which was delegated to them by the British North America Act, and secondly, because they have the money. There was a time, perhaps, when the provinces might justly claim that their income was fixed, and the growing demands of the existing charities left no money for the isolation and treatment of the consumptive poor. However, in recent years a new source of revenue has been created by legislation, and a large amount is now received from the succession tax. It is claimed that the imposition of this tax has diverted from charities large amounts in the form of bequests,

legacies, etc., which formerly went to such organizations. Is it not reasonable, then, that some of the income derived from the estates of the rich should be used in caring for the poor who are suffering from tuberculosis?

Again, by more recent legislation in Ontario, monetary institutions, rich corporations, and trusts have been removed from the domain of the municipal tax-gatherer and used for revenue purposes by the province. Some municipalities that have been large contributors to charitable institutions have suffered considerable financial loss by this change, and their ability to contribute correspondingly lessened. Surely, with such rich sources of revenue at hand, no excuse can be offered why a province should not contribute towards rural sanatoria.

#### WHY THE MUNICIPALITY SHOULD CONTRIBUTE.

There is no one who knows better than the municipal taxpayer himself that his burden is great, and that it will probably be greater, especially in those municipalities where the loss is great from the removal from the assessment roll of the above-mentioned wealthy monetary institutions, corporations, and trusts; we will therefore have to approach the taxpayer from the financial standpoint, and show him that the policy he is pursuing toward tuberculosis is a penny wise and pound foolish one. What would you say of a man who is complaining of the great expense he is put to each year in repairing the damage done to decorations, carpets, and furniture caused by a leaky roof? You would say, "You foolish man, why do you not repair the leaky roof? Why not apply the ounce of prevention rather than pay the pound of cure, as you are doing?" This is the short-sighted policy pursued to-day by the taxpayer in reference to the consumptive poor. He does nothing to check the spread of the disease and lessen the mortality therefrom, but goes on each year paying thousands of dollars to relieve the distress and poverty it produces.

In Germany, where compulsory life insurance is in force, and where all in receipt of a wage below a certain amount are obliged to insure, sanatoria for the treatment of tuberculosis have been established and maintained largely by the insurance companies, where they send their insured for treatment with a view to prolonging their lives, and thus postponing the day of paying the death claim. So successful has this undertaking been purely from a financial standpoint that the number of such sanatoria has increased each year, that, while in 1895 there were only two of such institutions, there are at the present time in Germany over sixty.

I submit that this experiment of sanatoria treatment of tuberculosis in Germany demonstrates beyond doubt that from a financial standpoint it would be cheaper and more economical for the taxpayer to contribute towards the erection and maintenance of rural sanatoria for the reception and treatment of the consumptive

poor, and thus do something towards preventing the spread of the disease and lessen the distress and poverty for which he is now spending so much money every year.

#### WHY THE PHILANTHROPIC AND CHARITABLE SHOULD CONTRIBUTE.

There is no disease that so strongly appeals to one's sympathy and charity as tuberculosis among the poor, especially when we see the breadwinner stricken down, and the life ebbing away in crowded, unsanitary, and ill-ventilated dwellings, with nothing in the surroundings to give half a chance for life, and everything to facilitate the spread of the germs of disease to others in whom the poverty and surroundings have helped to produce the nidus for the rapid development of the disease.

I am sure that when a clear, well-defined and workable plan is presented wherein the the three other mentioned sources would co-operate, a liberal response would be forthcoming from the charitably-disposed in contributions, donations, legacies, and bequests. No greater inducement could be given, and no more potent argument could be advanced than the willingness of the Dominion Parliament, Provincial Legislatures, and municipalities to co-operate in this important work.

Some may object to the plan because they think it is new, and has never been tried in any part of the world. This may be true, and if it is true, I see no reason why a young, vigorous nation like this Canada of ours should not have something new. Name it if you like the "Canadian Rational Plan" for dealing with the consumptive poor, and I care not whether you call it old or new so long as it accomplishes the end in view. However, whether the plan is new or not, the co-operative principle that underlies it is not new. It is now being applied in a somewhat modified form in our public schools, technical schools, and houses of refuge for the poor; and to illustrate the effect of grants by the Government and qualified ratepayers upon the charitably-disposed, I refer you to what has taken place in the county of Ontario during the present month. John Cowan, and his brother, W. F. Cowan, of Oshawa, offered grants, the former \$5,000 in cash, and the latter forty-five acres of land, provided that a by-law for \$12,000 is approved of by the qualified ratepayers of the county. To secure this and also the Government grant of \$4,000, a by-law was submitted for the above amount on August 21st, and carried by a large majority. This makes, I am told, the twentieth county in this province where such Houses of Refuge have been established.

Now I maintain that every argument that can be used in support of such Houses of Refuge for the poor can with greater force be used in support of the co-operative plan proposed in this proposition for the establishment of rural sanatoria for the consumptive poor. In other words, if the poor who are well require a House of Refuge how much more do the poor who are ill with tuberculosis need a rural sanatorium?

If the Dominion and Local Governments would adopt regulations for supplementing grants by by-law approved by the qualified ratepayers, similar to what is now done by the Province of Ontario in connection with Houses of Refuge for the poor, and also a per diem allowance for maintenance, I believe there would be a liberal response from the charitably-disposed, and that a by-law would be submitted and carried at the first January elections in the new century in at least one municipality, and by this time next year a rural sanatorium for the consumptive poor would be an accomplished fact.

I submit that from the facts, arguments, and reasons presented, it is clearly the duty of the Dominion Parliament, Provincial Legislatures, municipalities, and philanthropic and charitable organizations and individuals, not only to contribute towards the support of rural sanatoria for the consumptive poor, but also to co-operate in this important work, as by so doing a greater number of needy ones can be reached, a greater check be given to the spread of the disease, and a great number of valuable lives be saved to the home and to the nation.

I shall conclude with a word or two in reference to the last suggestion, namely, that such rural sanatorium should be under the control and management of a large committee of citizens, each of whom should bring the work in touch with some particular interest or phase of modern civilization, working in conjunction with the local Board of Health. At present I shall offer only two reasons in its support.

1. Public opinion is not and will not for some years be ripe for notification and compulsory isolation in tuberculosis as is now enforced by the Boards of Health in cases of small-pox, diphtheria, and scarlet fever. Much will therefore have to be done by means of educating the public, so that the poor who are suffering from this disease will voluntarily take advantage of the rural sanatorium, not only for their own benefit, but also in consideration of the safety from contagion that such a course would afford their family and the public at large, who have provided this free home for their care and treatment. These large committees of citizens would, no doubt, be an important factor in this educating process.

2. There is no philanthropic work, if properly handled, that will bring a more liberal response from the charitably-disposed than a clearly, well-defined, practical, rational, co-operative plan for dealing with the consumptive poor; and there is no more simple and practical way of encouraging this plan than by placing the control and management under a large committee of charitably-disposed people who are willing to contribute of their means and time to this most important and necessary work.

I do not pretend that the plan I have imperfectly outlined is anything like perfect, and my object in presenting it is merely to bring the subject before the Association, and ask that a strong representative committee be appointed to bring in a report on the

question at the annual meeting in 1900, and trust that the discussion on said report will form one of the prominent features of next year's meeting.

On motion of Dr. Barrick the following were appointed a committee to report at the annual meeting in 1900 on "The best means of dealing with the consumptive poor, including the providing of the necessary funds therefor":

J. G. Adami, M.A., M.D., Montreal, Prof. Pathology McGill University; P. H. Bryce, M.A., M.D., L.R.C.P. and S. Édin., Secretary Provincial Board of Health, Ont.; E. J. Barrick, M.D., M.R.C.S. Eng., L.R.C.P. Lond., Toronto, member of the Medical Council, Ont.; H. H. Chown, B.A., M.D., Winnipeg; H. A. Lefleur, B.A., M.D., Montreal, Ass. Prof. of Medicine McGill University; J. Lafferty, M.D., Calgary, N.W.T.; W. Oldwright, M.A., M.D., Toronto, Prof. Hygiene, Toronto University; R. W. Powell, M.D., C.M., Ottawa, President Elect. Can. Med. Ass.; J. A. Williams, M.D., M.R.C.S. Eng., L.R.C.P. Lond., Ingersoll, ex-President Medical Council Ont.



