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THE UNIVERSAL WAR,

The Fight Against Consumption by Dr. John Roy Williams, M. D., Hendersonville, North Carolina.

For centuries the scientific world has been vigorously active in an endeavor to control disease; and to eventually eliminate the diseases which are known to be communicable and preventable. One does not have to resort to medical literature to read of the fearful havoc wrought by certain bacterial diseases; for history is full of it; and the lay-literature is today, and has been for many years, calling attention to the ways and means of prevention.

With the advancement of civilization and higher knowledge, a number of fearful diseases which have in the past attacked nations in severe epidemic form, have yielded to the onslaughts of the army of scientists who have been devoting their lives to a study of the subject. The forts and fortifications which have been thrown up by this army of students, have been knowledge acquired by scientific research and observations. With "big guns" like Koch, Pasteur, Jenner, von Behring, Haffkin, Trudeau, Ehrlich and others, they have shelled the camps of disease with bombs of improved sanitation, hygiene and remedial agents, and have wrought havoc in their ranks.

Some of you may recall the fearful epidemics of small pox that have attacked our people in different sections of the United States, when communities have become decimated by that one time fearful disease. Some of you may be advised as to the epidemics of that disease in other countries in past years. But small pox no longer terrifies us as it once did. We still have it in many communities, isolated cases; and because of its highly contagious nature, we still quarantine against it. But it is now mild in its attack, death from it being so rare that the medical profession has come to look upon it lightly from the standpoint of its being a fatal disease.

On the 14th day of May, 1796, Jenner took from the hand of a dairymaid, some matter from a cow pox pustule; and with it, he inoculated the arm of a boy, James Phipps by name, believing it would protect against small pox. July 1st, 1796, he inoculated this boy with some mat-

ter from a small pox pustule, and failed to produce the disease. From this experiment, vaccination, one of the world's greatest boons, has been given us; and by it, the terrors of small pox and all the fearful consequences have been conquered. In some countries where the disease has been so prevalent, compulsory vaccination has been enforced, and small pox is no longer known there. This is particularly true in Germany and Sweden.

Typhoid fever could with equal ease be eliminated. By improved sanitation, the conditions requisite for the propagation of the germ of typhoid fever can be removed, and by protecting our people with Anti-typhoid vaccine, the disease could soon be stamped out of existence. Improved sanitation and hygiene will also curtail the number of cases of scarlet fever, diphtheria, malaria, and in fact all of the preventable diseases. These diseases have been properly termed "filth diseases," for the conditions out side of the human body which are necessary for the propagation of the germs which cause them, are found only in dirty and filthy places. If we keep our places free from filth and decomposing organic matter, then the home of disease germs would be destroyed, and soon there would be no more germ diseases.

But I wish particularly to call your attention to the most wide spread of all diseases, TUBERCULOSIS; or as it is more generally known, CONSUMPTION. To the scientist there is a distinct difference in the meaning of the two words, but by the lay-world they are used synonymously. Tuberculosis is a single specific disease, while consumption is tuberculosis complicated by one or more other diseases.

We define tuberculosis as being a chronic infectious disease caused by a little germ known as the "TUBERCLE BACILLUS." It may attack any portion of the body, but attacks the lungs more often than any other portion. The germ is a little rod shaped plant, about 1-1000 of an inch in length and 1-10000 of an inch in breadth. It has no motion and does not increase in numbers outside of the

body. It is eliminated from the body of the person suffering from the disease chiefly by the sputum coughed up from the lungs. In some cases, we also find it in the discharges from the bowel, the kidneys, and in pus from tuberculous abscesses.

We define consumption as being a complication of diseases. It is tuberculosis upon which has been engrafted one or more other diseases. Here we have the tubercular areas attacked by one or more of the "pus forming germs," by the typhoid germ, the germs of pneumonia or the bacillus of influenza. From this, you readily see that we have a complication of diseases.

In 1882, Prof. Robert Koch, a German health officer, discovered and demonstrated the cause of tuberculosis. Until then, it has been theoretical as to the true cause. Numerous and many theories were advanced, even from the days of Hippocrates, who lived in the 4th century before Christ. Until Koch's discovery, inheritance was strongly advocated by the scientific world; and even today, many physicians who are not close students of the disease, still hold to the theory of heredity in tuberculosis. While the special students of tuberculosis recognize that in a few rare instances tuberculosis has been inherited, yet there are so few instances of it that it is not entitled to very much consideration. What we must consider most in regard to inheritance and tuberculosis is the possible predisposition which the child may inherit from the tuberculous parent.

This is not a specific predisposition to tuberculosis however, but is a predisposition to any and all of the communicable diseases. It means no more than the child is born with a weakened resistance to any and all diseases. Such a child should be carefully reared and given all of the advantages of modern hygiene and sanitation. If that is one most of them will soon acquire strong and vigorous constitutions, and have as much resistance to disease as children born of perfectly healthy parents.

Since the discovery of the tubercle bacillus, there has been born a modern knowledge of tuberculosis which is based on known facts and not on theory. By means of it, we are now able to teach ways and means for the control of the disease, and for preventing further spread of it. Also latter day teaching has shown that the disease is a curable one, and easily curable in the early stage. We are able to cure thousands of cases now, when before but few were reclaimed.

I would call your attention particularly to the prevention of tuberculosis. It is a big subject, and one that has interested me for the past eight years. I am not prepared to tell you just how many men and women are active today in the study of this great question; but suffice it to say that there are millions of them. That

their labor are not in vain is attested by the mortality statistics the world over. In Boston, New York, Philadelphia, Baltimore, Chicago, and many of the other large cities of the United States, in the past twenty years the death rate from tuberculosis has been reduced on an average of fifty per cent. It has been brought about by means of the campaign of education that was inaugurated about twenty-five years ago, and which is today being waged with greater vigor than ever before. There are many indications that tuberculosis will be stamped out by this campaign.

To quote you the words of the celebrated Dr. Osler:—"A Winning Fight."—"this is not a battle of a year or a generation. The probabilities are that it will take two or three generations at least before we have the mortality from tuberculosis reduced to the rate, say, of typhoid fever in well regulated countries. This will probably be a matter of two or three generations. Whether tuberculosis will be finally eradicated is an open question. It is a foe that is deeply entrenched in the human race, but when we think of what has been done in one generation, how mortality has been reduced in some localities 50 or even 100 per cent, we at least feel that we can continue the battle with hope, and so long as we are fighting with hope, the victory is in sight."

We are teaching the masses concerning predisposition to tuberculosis. It is being taught that predisposition is divided into three kinds—individual, family and racial. Some families are undoubtedly more prone to tuberculosis than others. This is likewise true of races. Individual predisposition is usually brought about by improper living, and by excesses in eating and drinking, as well as by not eating enough. It may be said to the ladies that if they will spend less money on "straight fronts, hobble and harem skirts" and buy more butter and spread it a little thicker on their cracker, it will be far more difficult for the tubercle bacillus to obtain entrance into the society of their tissue cells; and even if an entrance is obtained, it will meet with a resistance so powerful that the disease can not develop.

Family predisposition may be due to inherited tendencies or to environment under which the family lives. You have seen families in which the children are poorly developed and under-nourished. With small and contracted chest, poor expansion of the lungs, shallow breathing, many of them mouth breathers, due either to adenoids or tonsil trouble, they are peculiarly prone to contract tuberculosis. They should be placed in the care of a skillful physician, and their bodies built up in a way indicated by the conditions found. The sooner it is done, the easier and cheaper it will be to correct, and the predisposition to tuberculosis will be removed. Environment is principally a question of sanitation and personal hygiene. It requires but little labor each day to keep the home in a sanitary condition. It should be done not only to obtain better general health for the family, but as a matter of pride as well. We should direct our attention with no less degree of care to bodily sanitation or hygiene. Proper care of the mouth, skin, stomach, bowel and the kidneys should receive careful attention; and if it is done, many of the aches and ills that man is heir to will disappear. And with it, will disappear the predisposition to tuberculosis.

Racial predisposition seems to hinge upon the length of time to which the race has been exposed to the disease. You are familiar doubtless, with the fact that tuberculosis is very common in the Indian and negro races; and once contracted by them, it seems to be more fatal. Tuberculosis was practically unknown in the Indian until the white man brought the disease here from Europe. The mode of living and the habits of the Indian up to that time were such that the disease had but slight chance of a successful attack. But when the white man brought him his "fire water" and taught him to closely house himself (and other bad habits), and at the same time brought and sewed the germ of the disease in his lands, then he developed the disease rapidly, succumbed to it easily, because he had no inherited immunity handed down to him by former generations.

The same is true of the negro. In the days of slavery tuberculosis in the negro was almost unknown. He was the white man's property, and received a care from his master that kept strength, health and vigor in his body. But with the coming of freedom, the negro no longer received the care of the white man; and by his ignorance and poverty, he drifted into improper living, and with it came the predisposition to tuberculosis. Today there is a frightful mortality from tuberculosis in the negro race. Like the Indian, the negro has not the inherited immunity to the disease that the white man has; and he contracts and develops the disease easier and succumbs to it more readily.

We are teaching the symptoms and signs of the disease. He lately should know them as well as the doctor. The important reason for this is that there may be an early recognition of the disease, which is of the greatest necessity both from the standpoint of cure and prevention. Only in the incipient, or very early stage is it easily curable, yet a small percent of the more advanced cases do get well. A cure of the already developed cases is essential for the prevention of new cases.

The case of tuberculosis which goes about expectorating bacillus-laden sputum, is a positive source of contagion to others. If he has the disease he should know it at the first possible moment, so that he can at once inaugurate an exercise of the few simple precautions which are necessary for the protection of others. If all cases in existence today would exercise the few known simple precautions, there would soon be no more tuberculosis.

The tuberculosis subject is too often the bread-winner, and if he is late in getting the information as to the real nature of his disease, his treatment will of necessity cut him off from his labor; with cessation of his income. That usually means great economy on the part of the other members of his family, with a denial of the proper amount and kind of food, a consequent impoverishment of their bodies and a greater susceptibility to the disease. Surrounded, as they so often are, by a source of the infection, the home and environment become such that the weakened members of the family are almost certain to contract the disease. But, if that wage earner had known early that his disease was tuberculosis and had sought competent medical advice, a few weeks from his labor would have brought him back to a condition where he could again take up his work, renew his income and drive poverty and its fearful consequences from his home. It is in the early stage of the disease that the danger of infecting the home is least; while in the advanced stage infection is more apt to follow.

What are the symptoms and signs of beginning tuberculosis? First there is lassitude, or lack of energy. Gradually the appetite begins to fail until later food becomes almost repulsive. With this comes gradual loss of strength and flesh, and soon a mild grade of anaemia will be noticed. Later there usually follows slight digestive disturbances with imperfect elimination by the several different channels. In a little while there is the slight "tickling sensation in the throat," which at first is so slight as not to elicit much notice on the part of the sufferer; but slowly he acquires the habit of frequently "clearing the throat." At this time there is no sputum, no hard cough, no sweats, no hemorrhages, no fever nor hectic flush. The disease is still too incipient to have created these symptoms and signs. But after while there come what is generally called a "bad cold," which remains persistent and refuses to yield to anti-cold treatment. Then the cough becomes marked, with a thin whitish sputum raised, chiefly in the morning hours. The cough persists, the expectoration increases and gradually changes in character to a thick tenacious sputum. Later the sputum becomes yellowish due to the fact that there is a little pus to be found in it, and it is then that the disease is passing from the early stage into the more advanced.

We will now begin to find the germ in the sputum, and sad to say until then the vast majority of physicians do not make a proper diagnosis. Now, or later, we will have the sweats, possibly chills; and if the disease is attacking the outer portion of the lung, we are apt to get pleurisy. Soon we may begin to have hemorrhages, but in some cases we never have them. The fever has sometime since made its appearance, and with it has come the quickened pulse. The temperature in the early morning hours is usually low, as a rule lower than the normal, with it slowly rising toward the middle of the day when it goes above normal to varying degrees, depending on the amount of involvement, the virulence of the infection and the resisting power of the individual.

There usually come periods of quiescence of the disease. The fever disappears, the heart slows down, the expectoration becomes less or disappears, the cough grows less, and the afflicted person forgets all about it. Then comes another "cold," more severe and persistent than the first one. The patient goes through the same course as before, only to a more marked degree. And so it goes from week to week, with periods of activity and quiescence with the disease slowly sapping the body of its vitality, and in a little while a neighbor will say "Mr. Jones is sick and I am afraid he has consumption." Then for the first time as a rule, Mr. Jones seeks the advice of the physician. He is now in the advanced stage of the disease.

And why? Because he has been allowing his druggist to prescribe for him "cold," or has been taking the advice of some one or more of his neighbors as to what is the best cure for a cold, which did not happen to be a cold. And in the meanwhile, poor Mr. Jones has been indiscriminately expectorating bacillus-laden sputum everywhere he went, planting sources of infection so that his neighbors and fellow men can contract his disease. Had he, when he had his first hard "cold," sought the advice of a competent physician, one that takes pains in looking carefully into the patient's history and makes a careful and searching examination, his disease would have been discovered early, and he would not have been spreading the disease. It has been said that every case of tuberculosis is responsible for at least two other cases. As to that being true or not I can not say; but I firmly believe that every case like that of "Mr. Jones" is responsible for at least two cases,

even if not for more.

We are teaching the people the kind of systems that are apt to contract and develop tuberculosis; and we are teaching the sort which are not apt to contract it. We are teaching that men and women that live clean, temperate, sanitary and sensible lives, and who give the body the attention which is its due, will stand the best chance against the germ of tuberculosis. On the other hand, we are teaching that drunkenness will weaken the body so that it is peculiarly susceptible. That privation, that is lack of proper and nourishing food, will create a condition which can not successfully resist the germ. That intemperate habits, such as excessive use of drugs, tobacco, stimulating beverages, over-indulgence of physical passions, and the lack of the proper amount of rest, will engender a condition which can not resist the germ of tuberculosis.

We are teaching that tuberculosis is a disease of the poor. While it is true that the rich do have it yet the percentage is low compared to that of the poor. Poverty most certainly brings about the environment requisite for the development of the disease. Because of this, we are teaching the necessity for the registration of cases, so that municipalities may take the necessary steps to remove the environment which is bringing it about. We are teaching the necessity for dispensaries, where the indigent consumptive may go, free of charge, get a careful examination and get full and competent instructions as to how to live so as to get well and protect others. We are teaching the necessity for visiting nurses, whose duty it is to go into the homes of the indigent consumptive, teaching proper home sanitation and hygiene. These nurses are not to go only once, but often, and to see that the instructions which have been given are understood and are being carried out. We are teaching the necessity for hospitals for the advanced cases of tuberculosis, where they can be isolated and removed from their communities as a possible source of infection to others. We are teaching the necessity for sanatoria, where curable cases may go and regain their health, and be instructed in the proper methods of living, to later become missionaries in their respective communities, teaching the laws of right living, sanitation and personal hygiene as it has been taught to them.

We are teaching the doctrine of condemnation of the "sure cure nostrum habit." It is unanimously agreed by the medical profession that there is no drug known that is a sure cure for consumption. Yet, there is not one of you who can pick up a newspaper and not find from one to a dozen "sure cures" advertised, which carry with them a guarantee to cure or your money back, and with it, a volume of testimonials to prove their false claims.

The sure cure nostrum for tuberculosis may be divided into two classes—the positively harmful and the negatively harmful. In the first class should be placed those nostrums containing opium, hashish, chloroform and any considerable quantity of alcohol. These drugs have never cured a single case of tuberculosis. Stimulated by the alcohol, lulled into a feeling of improvement and hopefulness by the morphine, he continues his habits until the final breakdown comes, from which there is no reclamation. In the other class of sure cure nostrums, the negatively harmful, should be placed those concoctions which, in themselves do no harm, but do keep the patient away from a proper treatment which may bring about a cure or arrest of the disease.

We believe that the school is probably the most hopeful field for our labors against tuberculosis. For immediate practical results for lowering the present death rate, hospitals, dispensaries and visiting nurses are probably the more important; but for the achievement of the final victory, the school probably offers the best opportunity, where we can apply ourselves to forming correct habits, rather than to correcting bad ones. There we have the best chance to check the germ before it starts on its deadly work. There, through the education of the children, we can best educate the whole community. At the same time we are teaching the necessity for open air schools; schools where all children with a predisposition to the disease can be brought back to health and vigor, at the same time they are receiving their education.

We are teaching the necessity for medical inspection of school children. It is known of children more especially those who live in crowded districts; that about fifty per cent of them receive the infection before the end of the fifth year. What shall we do with them? Shall we take charge of them then, before the infection has made inroads on their vitality, see that they receive proper care and attention, and reclaim them from the disease? Or, shall we let them go on with the arduous duties of school life spending, per capita, about \$250 each year to educate them, only to have them die of tuberculosis before they reach the age of eighteen? It is estimated that over seven million dollars are spent in the United States each year to educate children who will die of tuberculosis before the eighteenth birthday. That means seven million dollars wasted on education each year in the United States; while if we were to spend half that much on open air schools and medical inspection of

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