**October 25, 1919**

**Tuberculosis in Health Resorts for the Tuberculous**

The fear of infection from contact with tuberculous patients is still widely prevalent among the laity. This phthisiophobia has often presented an obstacle to the institution of desired relief measures in the management of the tuberculous. The “fear born of ignorance” is not directed to these unfortunates alone. Even today it is frequently a difficult task to secure a suitable site for any contagious disease hospital in the vicinity of human habitations. The dread with which such an institution is still contemplated cannot be dispelled by exhortations or governmental edicts. The absence of special dangers in the environment of hygienically managed sick persons must be demonstrated in ways that will bring conviction to those capable of independent reasoning.

The experience of a community frequented by tuberculous individuals who live with and among other residents, with no attempt at segregation of the sick from the well, ought to contribute convincing data. A survey recently made of the indigenous incidence of tuberculosis at Saranac Lake in the Adirondacks affords a striking illustration. ¹

This settlement has grown from small beginnings in the pioneer days of the late Dr. E. L. Trudeau into a health resort of prominence for patients afflicted with tuberculosis, especially of the pulmonary type. About one fifth of the total population of several thousand persons is made up of individuals who went to live at Saranac Lake for their health. According to the statistics gathered in 1917 by Ames ¹ under a fellowship grant of the Trudeau Foundation, the indigenous morbidity and mortality from tuberculosis at Saranac Lake in the Adirondacks affords a striking illustration. ¹

According to the statistics gathered in 1917 by Ames ¹ under a fellowship grant of the Trudeau Foundation, the indigenous morbidity and mortality from tuberculosis were low, only 0.3 per cent. of living cases being found among the native born and 0.9 per cent. among previously healthy residents. The few facts on record for European health resorts likewise indicate that tuberculosis does not increase among the native population after tuberculous patients reside in a community, despite the assumption that a concentration of infectious foci might increase the occurrence of clinical manifestations of the disease even in the presence of better hygienic surroundings. The health resorts of Colorado are not regarded as a menace to the residents. From the consensus of evidence, Ames ventures the logical conclusion that there is a minimum of danger of infection of healthy adult residents of resorts frequented by tuberculous patients. In harmony with this finding is the attitude of the inhabitants. Fear is absent. Education through observation and experience has dispelled phthisiophobia. The tuberculous person in such enlightened communities is free from the stigma that so often is a barrier to his progress, even after health has been restored.

**October 25, 1919**

**Industrial Tuberculosis Experience in 1918**

The industrial department of the Metropolitan Life Insurance Company has recently published a report of the department’s tuberculosis mortality experience for the year 1918. The death rate from tuberculosis (all forms) has decreased every year for the Metropolitan since 1911, when the rate was 224.6 per hundred thousand. In 1918 the death rate had fallen to 187.4, which is, however, only slightly lower than the rate for 1917—188.9. With this experience rate of the Metropolitan company may be compared the general mortality rate for 1917 throughout the death registration area in continental United States, which was 146.4. It would be interesting to study the causes as to why the death rate of those insured by the company should have been 42.5 higher in 1917 than the general rate for the whole United States. In view of the fact that those insured averaged doubtless younger one would naturally expect the rate lower.

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*Editor’s Note: JAMA Revisited is transcribed verbatim from articles published previously, unless otherwise noted.*

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