operative in the enforcement of the law. As a result the examination has fallen into the province of the public health authorities, and the income therefrom has been lost to the private doctor. In many cities the examination has actually been abandoned because of the laxity with which the profession has carried on this work.

Compensation for this examination has apparently not been enough to interest the conscientious physician, or the physician has taken the fee and filled in the necessary blank after a half-hearted examination. A glance at the pharynx and a casual glance at the external genital organs have apparently been considered an examination which would reveal contagious or infectious disease. Venereal diseases are not transmitted in food.

This is a plea for careful examination of every food handler. If the examiner does nothing else he should take the necessary few minutes to carefully examine the worker’s chest. Tuberculosis is one disease which can be spread from one person to another in food, or on utensils at restaurants, or soda fountains, etc. Obviously the discovery of active disease is the discovery of a possible source of infection. How many such sources have been allowed to dispense food to the unsuspecting public behind a lax food-handler’s certificate is a problem for a mathematician. That such conditions can be prevented must certainly be obvious even to the laity.

The medical profession today has been criticized from many angles. It deplores such criticism, and it deplores its present status—that of being on the very verge of a change in the old order of things. May we be so bold as to suggest that the profession is responsible to a great extent for its present circumstances? May we further suggest that we have failed in one respect in our attitude toward food-handlers certificates? Laws are made to be enforced, and this is one law that the doctors were called upon to enforce. Let us give each food handler a thorough examination and fulfill our duty as the guardian of the people’s health. R.B.H., JR.

Educate the Patient

In tuberculosis there are no secrets to be kept from the patient. Frankness upon the part of the physician may shock the patient slightly at first, but it will be much appreciated as time goes on.

Usually the more knowledge the patient has concerning his condition, the more clearly he understands the reasons for carrying out the details of treatment which have been prescribed for him, the better he will co-operate with his physician and the quicker he will secure an arrestment of his trouble.

Education of the patient, therefore, is perhaps the most important and should be one of the first steps in the treatment. This may be brought about in two ways:

1. Send the patient to a good sanatorium even if he cannot afford to stay more than a month. Here he will learn a lot as a result of the routine which he is required to carry out, from the instructions and information imparted by the physicians at the sanatorium, and from association with other and more experienced patients in the institution.

2. See that he is supplied with authoritative and reliable literature concerning tuberculosis. There is now a great abundance of such literature available. A splendid assortment of books and reprints may be obtained from the National Tuberculosis Association, New York. One of the best of them is the concise booklet bearing the title of “What You Should Know About Tuberculosis.” Of the books
which go more into detail concerning the disease, a most excellent one has recently been written by Dr. Fred G. Holmes of Phoenix, Arizona. Another is by Dr. Lawrason Brown. There are numbers of others, all well worth reading, and any of them may be purchased through the National Association.

Other excellent reprints may be obtained from the Metropolitan Life Insurance Company of New York. This Company, by the way, should be held in the highest esteem by both the laity and the medical profession because of the excellent publicity which they have given in their advertisements to the facts concerning tuberculosis and other preventable diseases. Doubtless this publicity has had much to do with the reduction in the mortality rate of tuberculosis.

Another very commendable thing which the Metropolitan Life has done is the establishment of a large modern sanatorium for the care of its employees who develop tuberculosis.

This, by the way, puts its stamp of approval upon sanatorium treatment both as to the results obtained and to its economy in the end. R.B.H.

Heliotherapy

There is a widespread belief among doctors, as well as the laity, that heliotherapy is not to be prescribed for patients with pulmonary tuberculosis, but that it is of great benefit to those who have the extrapulmonary form of the disease. In a way this tradition is fortunate, because it undoubtedly tends to prevent the tyro from doing an endless amount of harm. On the other hand, however, patients with pulmonary tuberculosis fail to receive the great benefit they may derive from heliotherapy, given at the proper time and in the proper dosage.

It is certainly well recognized that almost every patient with extrapulmonary tuberculosis has, in addition, a more or less marked pulmonary lesion. The question naturally arises, why is it that cases with multiple tuberculous lesions, including those of the lungs, will respond favorably to heliotherapy, while those with pulmonary lesions alone cannot safely take the treatment. The answer, of course, is that they can, provided the physician understands the limitations and dangers of heliotherapy.

The above mentioned tradition has probably grown up because of the serious consequences often following over-dosage of natural or artificial light treatments. An over-dose may produce a reaction of a lesion localized in some bone or joint, but on account of the anatomical structure of the tissues harboring the lesion this reaction subsides usually without serious consequence. On the other hand, a pulmonary lesion, which is activated by over-dosage of light, often has no firm barrier to prevent the progress and extension of the activation, and grave consequences ensue. Not infrequently when an extrapulmonary lesion develops, the pulmonary lesion shows a marked tendency to recession, and this may, in part, explain the fact that patients with extrapulmonary tuberculosis frequently develop pulmonary exacerbations under heliotherapy treatment.

Granted that the above reasoning is true, it would certainly seem justifiable to use heliotherapy in properly selected cases of pulmonary tuberculosis. Such treatment is advisable, however, only when the patient is under close observation and in the hands of one thoroughly experienced in the use of light therapy. Almost invariably the patient has the feeling that if a little light does good, more will do better, and unless he is very closely observed he is extremely apt to resort to over-dosage.

It can safely be said that most patients with pulmonary tuberculosis, if they reach a stage where the lesion is healing and where they are free from active symptoms of toxemia, can be given heliotherapy with marked benefit. A.M.F.