

REFER IN REPLY TO THE FOLLOWING:

DEPARTMENT OF THE INTERIOR,

OFFICE OF INDIAN AFFAIRS,

HEADQUARTERS FIELD SUPERVISORS,

DENVER, COLO.

September 27, 1911



Commissioner of Indian Affairs,
Washington, D. C.

Sir:

Referring to my letter of this date on the subject of retaining tubercular pupils at Carlisle, there is inclosed herewith the copy of Dr. Shoemaker's letter mentioned therein which should have been inclosed with that letter.

Very respectfully,

Joseph A. Murphy
Medical Supervisor.

CES

Inclosure

Tuberculosis.

84165-11

732

File

FILED BY T. C.

(COPY)

From letter of Dr. Ferdinand Shoemaker to Medical Supervisor

Sept. 23, 1911.

Subject: Retention of tubercular pupils at Carlisle.



In giving an opinion as to whether or not tubercular pupils should be kept at Carlisle it will involve the consideration of a number of questions.

In the first place I do not quite agree with Dr. Allen's classification of tubercular cases. I have always considered that when the sputum examination reveals the presence of the bacillus the disease has passed its incipency, even though a physical examination does not elicit physical signs. There is no doubt that cases will sometimes present themselves with bacilli in the sputum that do not present physical signs. I have seen a number of such cases but, nevertheless, I consider these cases far beyond their incipency. During my service at Carlisle I made it a rule to recommend the sending home of every tubercular case that had reached the open stage, with bacilli in the sputum. I will say, also, that I can recall few, if any, cases having bacilli in the sputum that became arrested or recovered.

All cases showing areas of consolidation, whether with bacilli or not, and obviously progressing downward were also recommended to be sent home. After the balconies were completed authority was obtained from the Office to retain tubercular patients (a limited number) for the purpose of testing the modern open-air treatment of tubercular cases. Even then I do not recall any cases that were kept that had advanced to the open stage except two or three that progressed so rapidly that it was not possible to send them home, and who went on to a fatal termination. One case, that of a girl who arrived at the school in the fall of 1909, that showed evidences of moisture in the left apex, small moist rales, was retained, and under the open-air treatment apparently became arrested. This case was still in the hospital when I left the school in

May, 1910. I was never able to find bacilli in this girl's sputum, however. If these open cases are kept at the school, and are allowed the privilege of the grounds, as is so often done when they are ambulant cases, there is, undoubtedly, danger of their spreading the infection, as it is impossible to keep them under constant observation, and to depend on them to heed the instructions given them in regard to their expectation. If they are not bedridden it is a very difficult thing to control their movements.

The facilities at Carlisle are good for caring for a limited number of early or moderately advanced cases, and I believe that these cases, if kept under close observation, will, in many instances, do well there, but when they have advanced to the open or bacillary stage, I think they should be sent home or to some place especially provided for them. The idea of sending early cases to Mont Alto is a good one. This was attempted three or four years ago, when I made a special trip to that place with that object in view, but they would not consider the proposition at that time. It was also recommended several years ago that wash basins be removed from the dormitory rooms and proper lavatory facilities installed.

The above is about my views in regard to the advisability of keeping tubercular cases at non-reservation schools, and then only when there are proper facilities for their care, and when they can be completely segregated from the rest of the pupils. I think the presence or absence of bacilli in the sputum, unless the case is one that is obviously an advanced case without bacilli, is where the line should be drawn. In my experience practically all cases that I have seen with bacilli have, sooner or later, progressed downward and become advanced cases.

F. Shoemaker.

DEPARTMENT OF THE INTERIOR,

OFFICE OF INDIAN AFFAIRS,

HEADQUARTERS FIELD SUPERVISORS,

DENVER, COLO. September 27, 1911



Commissioner of
Indian Affairs,

Washington, D. C.

See 69395-1-1911

Sir:

I wish to acknowledge the receipt of the tissue copies of the correspondence from Carlisle in reply to my inspection report upon the medical service and tuberculosis conditions there.

Since Dr. Ferdinand Shoemaker was a resident at Carlisle for a number of years and was familiar with local conditions there, I forwarded him these tissues together with a carbon of my report, asking that he express his opinion on the policy of retaining tubercular pupils at Carlisle. There is inclosed a copy of Dr. Shoemaker's letter discussing this matter.

Imp
I have given the matter of the retention of tubercular pupils at boarding schools a great deal of study and believe that if a policy is adopted permitting the retention of tubercular pupils, even though they be in the incipient stage, at one school, it will result in the retention of tubercular cases to an extent that will be a detriment to the health of the pupils of Indian schools. I am firmly of the opinion that tubercular children should not be retained at boarding schools and that the Government schools should be for healthy children only. If incipient tubercular cases are retained at boarding schools the stage of their disease will be such that they would not be confined to bed and it would be prac-

tically impossible to sufficiently segregate them from the healthy children to make it a positive assurance that there will be no spread of the disease in the school. For this reason it would be much better to send pupils of this sort to sanatoria schools intended solely for the care and training of incipient tuberculosis cases.

Dr. Shoemaker's views coincide largely with mine, but there is a slight difference of opinion and his entire letter is therefore sent in order that all sides of the matter may be fully discussed.

Very respectfully,

Joseph A. Murphy
Medical Supervisor.

CES

Inclosure