CARE OF THE TUBERCULOUS

Address by Dr. A. F. Miller before the Kentville Board of Trade

It is a pleasure to me to be present at your meeting tonight, and I am glad to note the interest you business men are taking in the tuberculosis problem. It is a business problem and demands the same foresight and judgement that are supposed to belong to business methods. Saving lives and caring for the sick is not only a philanthropic duty, it is a sound financial investment.

No doubt you are familiar with the tuberculosis mortality rate in Nova Scotia. Each year some 800 to 1,000 people die from tuberculosis alone. When you take into consideration that before death there is a period of partial disability, about 1½ years, then follows a complete loss of earning power for another year, and a half, not to mention the necessary medical and nursing care, the value of each life lost must be considered at a minimum of $2,400.00, not counting the loss to the State in that each life has been shortened at least seventeen years. The total money loss to the Province through the loss of these lives is, roughly $2,S00,00 each year. In the County of Kings there were 29 deaths in 1918. This would mean a yearly loss to our county of $72,000. In addition, we we must not forget that for every death there are five living cases that should be cared for; that is, there must be in Kings County approximately 145 patients requiring treatment. A very small proportion of these cases are being cared for in sanatoriums or hospitals. Very many more ought to be in sanatoriums, and practically all should be treated, either in or outside their homes, under expert supervision—they and their families.

I know and you know that to wipe out tuberculosis, or even greatly to reduce the death rate, is a far-reaching social problem, including education, housing, food, working conditions, wages, personal character and habits—everything that makes for a high standard of individual and public health. But I am here to discuss especially the medical side of the problem—that is, how we must care for our sick so as to restore to health as many of them as possible, and to prevent the spread of the disease to others.

So far as spreading the disease is concerned, we medical men have a distinct duty to perform in giving the public more accurate information than they have at present regarding the possibilities and probabilities of infection.

There has been a fear of the consumtive, almost amounting to hysteria, on the part of the public—a feeling made evident in social, in business and in personal life—a horror of tuberculosis which has reacted upon the public, in many cases disastrously, causing much of the delay in having the trouble diagnosed and treated, in a disease where early discovery is essential to cure. This phthisiophobia on the part of the public we, as I have said, must combat by more accurate information. I have had to speak so much on the subject in the past few years that it sounds to me, at any rate, like a tiresome old song; but as long as there is any desire on the part of any person or assemblage of persons to get intelligent hold of the tuberculosis problems, I must go on repeating the fundamental facts upon which practical measures must be founded.

Briefly and broadly speaking, the facts regarding infection are these: In civilized communities tuberculosis infection is practically universal and necessary, adults having an acquired immunity to the disease because of the frequent slight infections received from childhood on. This is unavoidable in the average way of living, exposed to dust of streets, school-houses and public halls. If an infant, before it has acquired immunity, receives a bigger dose of bacilli than its resistance is equal to, it develops gerneralized tuberculosis, which usually ends fatally in a short time. The same thing occurs in the case of individuals or races which have never been exposed to the gradual, slight infections of civilized communities, and so have not acquired immunity. But when the average individual develops tuberculosis disease, it is not this rapid, generalized form, and it is not due to a lowering of the individual's resistance which permits the development of an old infection or an old healed lesion of childhood, overcome probably at the time without the patient's knowledge. If you ask me to explain immunity and what is the difference between infection and actual disease, I can only say that I am here, I understand to talk about certain practical measures for the care of the sick, and that I am not inflicting a medical lecture upon you, but that I will gladly answer questions at any time.

For the purpose before us it is sufficien to remember three points:

1st. That very young children are more susceptible than older persons. They are brought into closer contact with members of the household and with infected material on floors and streets; that is, they are more likely to receive massive infection. They have less intelligence, less immunity, and are more entirely at the mercy of their elders, more likely to be victims of careless families, than at any other age. Especially infants in their first year need to be protected from every source of infection, including cow's milk.

2nd. As to the danger of tuberculosis for older children and adults, children of school age may safely meet the average infections of a well-ventilated school-room and the ordinary home life, provided their general health and resistance are kept up and cleanly habits observed. And, generally speaking, the dangers of infection grow less and less as they grow older. There is wonderfully little sickness and death from tuberculosis, comparatively speaking, between the ages of 3 and 15 years. From that age on to the thirties most of the tuberculosis disease develops, but this, as I have explained, is not because of recent infection; it is due to the lowering of resistance, the greater strain of living, and the breaking out of the old infection or lesion, which in childhood had set up bodily reactions which kept them immune to further infection. Thus we may state that in adult life the question of keeping free from tuberculosis disease is a question of keeping up the bodily resistance, not a question of preventing infection, for that is impossible as life is lived to-day. And it is a question of frequent examination, of the young especially, to prevent the development of disease.

3rd. There may be danger, even for the adult, in which is called "massive infection". If a person is in close and prolonged contact with an advanced consumptive who does not observe the proper sanitary precautions, in close, unclean rooms, there may be danger o developing the disease, because immunity is only partial and variable.

On these three ideas, namely (1) the protection of very young children, (2) the building up of resistance and keeping a watchful eye for the development of disease rather than the avoidance of infection, for the adult; and (3) the prevention of massive infections, we build all our plans and rules for the care of the tuberculosis. With these three reasons we explain why some patients should be treated outside their homes, why all should have at least a period of training in an institution, and why those taking the cure at home need expert supervision. They explain why the tuberculosis problem can be adequately met only by some thorough-going, comprehensive system as that of the famous Framingham Demonstration, carried out in a town of Massachusetts.

The activities of the Community Health Station in Framingham have included the voluntary expert examination of almost the whole population of the town; a special effort to discover and to place under treatment or observation incipient, advanced or arrested cases of tuberculosis; a sanitary survey, covering infant conditions, schools, factories, food, milk, rural sanitation, vital statistics, etc.: a health census; a tuberculin test of children between the ages of one and seven years; a Health Camp for Children; the working out of tuberculosis standards for diagnosis, classification, and treatment of children and adults; the development of health educational work, etc.

In addition there is community organization, financed almost entirely by the community itself and including a group of neighborhood lay committees for education, sickness-reporting and similar activities; a community-wide civic association functioning along health lines such as recreation, etc., infant welfare clinics, nursing service, full-time medical nursing and clinic service for the public schools and for the larger industries; community houses for social and health work; a medical club conducting a series of post-graduate instruction clinics and lectures on tuberculosis and allied problems.

This demonstration, which, you will note, is thorough going and adequate in scope, is now in its fifth year, and has been eminently successful, both in its working and in its results. It has been a lesson of nation-wide and world-wide importance. But it could not have been so successful, even with the financial backing it had, were it not for the co-operation of all classes of people in the town. Not only the medical men, but employers of labor, schools, societies, churches, individuals and clubs of all sorts pulled together intelligently—and that is what makes any movement successful.

Now we have in Nova Scotia people as intelligent and forward-looking as any in Massachusetts, as capable of co-operation and team work as capable of a wise enthusiasm and surely not so poverty-stricken that they cannot finance an adequate health program. I do not know now many such people there are in Nova Scotia; I do not know how many we have in Kings County; there always have to be a few to lead and inspire the others to follow.

If we cannot at present organize a broad scheme such as the Framingham demonstration what can be done right away as a step towards it? An excellent step was made in Nova Scotia in the starting of the Provincial Sanatorium seventeen years ago; another step was made by the opening of the Red Cross Clinics. A further good and necessary step is the one you are facing toward now—provision for the care of those who cannot afford sanatorium treatment. As you know the Provincial Government pays at least one-half to two-thirds of the cost of every patient's treatment at the Sanatorium (I am not referring to military patients of course). It seems to me that there should be an agreement made by which the Municipality or County would agree to make good the remaining portion in the case of needy patients—that is to supplement whatever the patient himself can afford to pay

We are quite willing to take into the Sanatorium all classes and all stages of the disease but that will necessitate increased infirmary accommodation. We have pavilion space but what we should then need would be accommodation for bed

(Continued on page seven)

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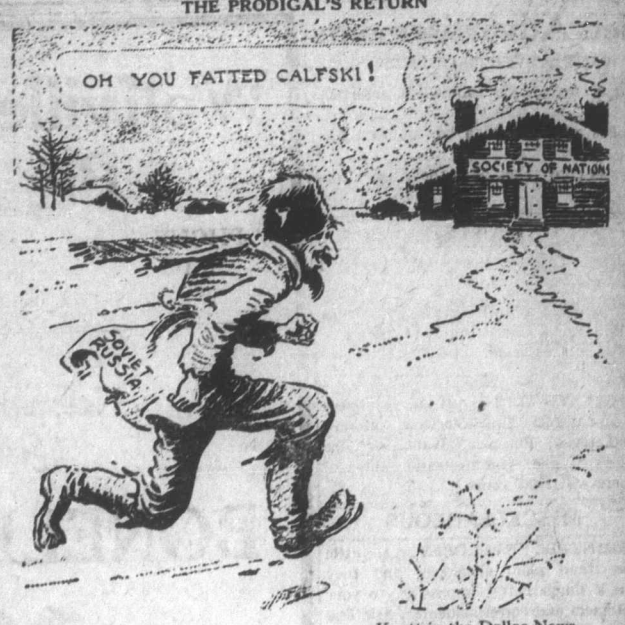

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