Rehabilitation of the Tuberculous

One of the weak links in our present program for the treatment of the tuberculous is the after care of the patient.

The following episode is a common occurrence between physician and patient. Mr. A. has succeeded in arresting his tuberculosis and his physician advises him to secure a light, easy job and to work for not more than three or four hours a day. If Mr. A. is not able to obtain such employment, that is where his troubles begin. He is certainly not in a condition to accept a full time job or compete with a healthy individual in holding that job, nor would his prospects of obtaining a job be bright, if it were made known to his employers that he had just recovered from tuberculosis. Here we have Mr. A. with an arrested case of tuberculosis. What are his prospects of maintaining his arrest?

Those of us who have seen thousands of patients leave the sanatoria of this country with an arrest of their tuberculosis only to be returned with a reactivated condition, disheartened, and discouraged, cannot lightly dismiss this needless suffering and waste of life.

The following figures are reprinted from “The Texas Chaser,” July 1935: “from approximately 125,000 patients discharged from 588 sanatoria of the United States annually; it is estimated that one out of every five patients are returned to the sanatorium because of a reactivation from tuberculosis.” These figures do not include those patients who have had a relapse and have not returned to the sanatorium for further treatment. Allowing the same ratio for these patients, the total number of patients who suffer a relapse from tuberculosis, would be about 50,000 annually. On the basis of $58,000,000.00 spent each year on sanatorium care in this country, approximately $25,000,000.00 has been wasted on these 50,000 cases. A small portion of this money spent on a constructive rehabilitation program would have avoided this unnecessary financial loss; the bulk of which is paid for by the taxpayers of this country. The patient who is readmitted to the sanatorium again becomes a burden to the taxpayers; and many of these patients linger on for years at public expense, when they might have become useful citizens if given the opportunity for gainful employment, under a supervised rehabilitation program.

Sir Pendrill Varrier-Jones foresaw this plight of the tuberculous patients of England nearly a quarter of a century ago, and in 1914, he began a rehabilitation program with one patient. Four years later, with twenty-five patients gainfully employed; Papworth Hall was purchased and the foundation was laid for the Papworth Village Settlement, which to-day houses over a thousand inhabitants. The total investment does not exceed much over $1,000,000.00 and from a report issued by Dr. Varrier-Jones at the end of 1934, it was shown that $410,000.00 worth of manufactured products were sold that year and that $150,000.00 was paid in wages to ex-patients. The total investment for this project amounts to about one twenty-fifth of the amount of money wasted each year in this country on patients who suffer a relapse from tuberculosis. An interesting feature of the Papworth Colony is the plan of supervising the entire family; and I believe that they have given ample proof that tuberculosis is not hereditary; and that children born at the Village of tuberculous parentage and reared under medical supervision are growing into manhood and womanhood without any visible signs of tuberculosis.

In 1913, a group of philanthropic gentlemen organized the Alto Work-
shops in New York City for the sheltered employment of tuberculous patients who were being dismissed from the sanatoria in the Metropolitan district. The name "Altro", taken from Altruistic, was well applied to this humanitarian project. From a small beginning, and after undergoing all of the hardships of the pioneer, the Altro Workshops were able to purchase their own building and equip same for the comfort and convenience of the workers. To-day, the Altro Workshops employ about 130 ex-patients daily on a five day working schedule, and the number of working hours for each person is prescribed by the examining physician. Hospital garments and uniforms are manufactured and the sales average approximately $200,000.00 per year. A nurse is constantly on duty and when the ex-patients are not working, they are required to rest at the plant in steamer chairs and cots, which are provided for them. A noon-day meal is prepared and served at the plant and, on rainy days, a complete change of wearing apparel is available to the workers, who commute to and from the workshop. The entire program is operated under the direction of Edward Hochhauser.

Another rehabilitation project, at Livingston, New York, operates a printing plant for the employment of ex-patients. This project has been developed by Dr. Harry Pattison and is known as the Potts Memorial Hospital. The funds to establish and maintain this institution came from a private bequest and the institution is located on the main state highway about twenty miles north of Poughkeepsie. The institution houses about 59 ex-patients who are required to establish a residence at the institution. Those patients not actively engaged in the print shop are given other remunerative employment about the grounds and in the institution proper. Patients are, at all times, under the supervision of a resident physician and, where necessary, pneumothorax treatment is administered.

At Boston, Dr. John B. Hawes 2nd, the President of the Boston Tuberculosis Association has been instrumental in establishing a small rehabilitation project which employs between 15 and 20 men and women. The men have a carpenter shop where small furniture is built and the women operate a sewing room. A store is maintained in the business district of Boston for the sale of the products manufactured by the ex-patients and a travelling representative conducts exhibits at women's clubs and hotels throughout New England. The ex-patients commute to and from the workshop which is located in an abandoned school building in the downtown section of Boston. The number of working hours are graduated and the patients are under medical direction.

More of these projects are needed and they should be located in strategic parts of the country. In no case, can they operate at a profit; in all cases, they must be subsidized by private or public funds. The plan that takes the entire family under control is by far the most advisable, although any plan which affords remunerative graduated employment under medical direction is acceptable and should be encouraged. We should be careful not to confuse occupational therapy or vocational training with rehabilitation. The arrested case of tuberculosis presents a medical, economic, and social problem and until this is effectively solved, can we truthfully say that we are fully treating tuberculosis?

BIBLIOGRAPHY: