DISEASES OF THE CHEST

Tuberculosis Among Negroes

H. E. NASH, M.D.

Staff Physician, Negro Clinic, Atlanta Tuberculosis Ass’n.
Atlanta, Georgia

AT LAST tuberculosis among the Negroes
is at the bar of public attention. Because
of the enormity of the disease on the one
hand, and the easy transmissibility on the
other, the attention of our Southern States
has been called to this ever present menace.
This mass murderer has been taking its toll
since the days before Ovid (43 B.C. - 18 A.D.),
who in one of his fables wrote “A dire in-
fection had once infected the Latin—air, and
the pale bodies were deformed by a consump-
tion that dried up the blood.” Thus, centuries
ago Ovid had observed the ravages of con-
sumption.
The statistics show that from this disease
the mortality rate in the Negro, is 3 times
greater than in the white race.
The death rate for Georgia in 1936—Col-
ored, 96.3; White, 33.3.
With such a high mortality rate in the
Negro, there comes a challenge to those in
control of the tuberculosis program in this
area.
I. The challenge is to those in control of
the program of health education, to employ
people of the Negro group to teach this vital
subject to the underprivileged Negroes. You
will find that Negroes can get the subject
over to Negroes in a way they will understand.
Viz: A tuberculosis worker (white) went to
a certain neighborhood in a city in Georgia
to inquire after John Jones, a tuberculous
patient. She inquired of a group of Negroes
in that neighborhood as to the whereabouts
of John Jones. One Negro looked afar off,
scratched his head and said, “John Jones,
John Jones, John Jones! I don’t know where
he lives.” The Colored school teacher came
along about this time, and the white tuber-
culosis worker asked her if she could get the
desired information. This Colored teacher ap-
proached this same group of Negroes and
asked if anyone knew the whereabouts of
John Jones. She stated that this lady wanted
to help him. The very Negro, who just a few
minutes previous had spoken to the white
worker, said, “Oh! You talking about John
Jones, he lives next door.”

Here health education would have dispelled
much of the fear and misgivings in the Ne-
gro group in the community. Health educa-
tion would teach Negroes to cooperate with
those who are trying to help them. This in-
formation can be most effectively dissem-
inated by Negro health education workers.
They move in every phase of Negro life, from
the front door to the kitchen—from the
Boulevard to the alley.

II. The second challenge is to those in
control of the local Tuberculosis Control
Programs.

Here again Negro doctors and nurses should
be trained to take care of the Negro Tuber-
culosis Program, including Clinics and San-
atoria. There should be public health nurses
to do the follow-up work. Well established
clinics should be maintained with a trained
staff of Negro physicians to diagnose and
administer the treatment, because of the pre-
sent shortage of beds in State Sanatoria.

The compression treatment is a wonderful
aid in the fight on tuberculosis. Pneumotho-
rax has worked wonders for those who must
wait to be admitted to the Sanatorium, and
it often cuts short the patient’s stay in the
Sanatorium. Pneumothorax, in trained hands,
helps the ambulatory cases to recover earlier.
This results in a great saving to the tax-
payer. To give this treatment, it is necessary
to have access to an X-ray and Fluroscope.
The earlier the diseased lung is collapsed,
the better for both the patient and those
with whom he comes in contact. The sooner
collapse is attained, the earlier the open case
is closed.

In the Negro Clinic of the Atlanta Tuber-
culosis Association spectacular improvement
has been obtained in those cases in which we
were able to induce a successful collapse. The
sputum becomes free of tubercle bacilli, the
cough stops, the temperature returns to nor-
mal, they put on weight and clinically look
as though they had never been ill. I made a
report of a study of forty-eight cases of Pneu-
mothorax in this clinic, which was published
in Diseases of the Chest in December 1936,
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which showed that even in those cases where we could not get a satisfactory collapse, there was marked improvement in the general health. The response to treatment of the Negro patients in this Clinic has been astounding. The case load in this Clinic has grown 22 per cent since Negro physicians took over the work.

If Negro physicians, in a given community, are not trained to do modern work in tuberculosis, then scholarships or Fellowships should be provided to train them. For those who cannot leave their homes, for various reasons, and yet show promise; I unhesitatingly recommend a teaching clinic, both in diagnosis and x-ray interpretation. This can be done to the advantage of all concerned. They should be appointed to work in all Clinics and Sanatoria where Negro patients are treated. This would be working with the Negro and not working for him.

III. The third challenge is to find the contact and then locate all possible open cases. Find, if possible, where the contact was made. Ninety per cent of all the cases that we see in the Negro clinic of Atlanta are either moderately advanced, or far advanced cases. Very rarely do we see the minimal lesion.

We can change this picture through an intensified course in health education in the schools and colleges. For here is where we must lay emphasis, if we are to check, or erase this scourge.

Health education in our schools and colleges is going to be our first line of defense in our future attack upon this disease. An Orchid to the National Tuberculosis Association for its fine leadership in this direction! In Georgia, through the cooperation of the National Tuberculosis Association, skin testing has been carried on in the following colleges: Agnes Scott, Atlanta School of Social Work, Clark University, Emory University, Gammon Theological Seminary, Morehouse College, Morris Brown College and Spelman College.

SUMMARY OF TUBERCULIN TESTING OCTOBER, 1936

<table>
<thead>
<tr>
<th>College</th>
<th>Tested</th>
<th>Male</th>
<th>Female</th>
<th>Positive Reactors</th>
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<tbody>
<tr>
<td>Agnes Scott</td>
<td>184</td>
<td>0</td>
<td>184</td>
<td>43 or 24%</td>
</tr>
<tr>
<td>Atl. School of Social Work</td>
<td>43</td>
<td>15</td>
<td>28</td>
<td>34 or 80%</td>
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SUMMARY OF X-RAY FINDINGS DECEMBER, 1936

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<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agnes Scott</td>
<td>43</td>
<td>43</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Clark</td>
<td>34</td>
<td>21 or 62%</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Emory (Freshmen) (Medical)</td>
<td>29 or 76%</td>
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<td>2</td>
<td></td>
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<tr>
<td>Gammon</td>
<td>38</td>
<td>19 or 68%</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morehouse</td>
<td>58</td>
<td>45 or 57%</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Morris Brown</td>
<td>78</td>
<td>114 or 89%</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Spelman</td>
<td>131</td>
<td>63 or 89%</td>
<td>3</td>
<td>18</td>
</tr>
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TOTAL 505 334 6 14 65

This group of students because of this experience will become health minded. Since they are to be our future leaders, health education will have a big boost. They will be our new apostles of Health Education.

Our Tuberculosis Program among Negroes will only succeed when we don’t hear the disease with a stethoscope, but rather see it by x-ray. Then only will early diagnosis become a living reality. To secure this happy result we will have to obtain the confidence of the Negro. Many Negroes are secretive about diseases which they have. Viz: One day, while examining a young Negro woman, I asked her of what did your father die? She balked. She finally admitted he had a persistent cough and fever, but said, “I don’t know what he died with, but it wasn’t anything serious.” She was trying to hide the fact that her father had died of Pulmonary Tuberculosis—and that she had been exposed. She did not want any one to think that she had tuberculosis.

There in this endless chain of infection is one of its strongest links. Here again, we must be frank and explain to the Negro people that all who are now suffering with tuberculosis were once only contacts. Explain to them that it is important to see a com-
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potent physician or to go to a clinic for a skin test, and if positive—an x-ray examination. Explain to them that the disease is infectious.

Long before the Christian Era, men sensed the danger of infection in tuberculosis, even though they had not discovered the causative germ. They feared this disease because it was infectious. Just visit the average home of the Negro tuberculous patient today—flies in abundance, no screens, children playing on the floor, bed, and lying around eating small bits of the patient's food with a common drinking glass for all. This home is crowded—adults and children. What a massive dose of infection is being fed the children. Not only the children but the adults also! If the contact is broken before the dose of infection is so massive nature can't take care of it, disease usually does not follow. Nature will come to the rescue and wall in the tuberculous germs.

The earlier the treatment is started in pulmonary tuberculosis the better chance the patient has to be benefited. When the late symptoms develop, indicating far-advanced disease, the chance of curing that patient has been reduced materially. In many of these far advanced cases little can be done. It is in these cases that superstition has played so large a part. Far too many Negroes still believe in the conjurer and that they have some magic power. Viz:

I had a case of tuberculosis under my care in a family whose cooperation I could not get. Being anxious to know why they would not cooperate with me, I asked one member of the family and he said, "Doctor you are all right, but you just don't understand. You can't reach her case. Your kind of treatment is against her. So we decided to get you some help." I was now eager to know who my new helper was. I asked his name. You don't know him, was the reply. He lives out in the country and works with roots. He says that Mary has been hurt, he found the thing that someone who wanted to hurt her had planted under the front doorstep. This type of ignorance is the greatest ally of death. Here health education in the young children will help relieve this situation. They will be the adults of tomorrow.

The members of a family were told that their sister, Martha, had tuberculosis. They were forbidden to eat, drink or handle articles used by this sick sister. They were told not to sleep in the same room with the patient. In order to assure Martha that she was all right and that no one believed she had tuberculosis, they hugged her, kissed her, drank from her water glass and even slept in the bed with her. Does this picture seem overdrawn? Well, it is not. It is true. What happened? Not only did Martha die, but every member of that family died from tuberculosis. Thus through health education, foolish sentiment, false pride and conjuration must give way to truth, to science and to fact. We must speak to the Negro in terms he will understand. Let us not say he has a nervous breakdown, that she has gone into a decline or that she is in failing health. These terms are only soothing syrup, which has the tendency to lull into a sense of security those who stand upon the brink of the abyss below. Let us be frank and tell them they have tuberculosis—or better still consumption. This may produce a temporary shock, but it will stimulate proper action with the realization of danger present.

Let me summarize briefly:

I. The Negro is conscious of his high death rate from tuberculosis and desires to help reduce it.

II. A higher economic standard of living together with health education are the two most valuable means for reducing the tuberculosis morbidity and mortality among Negroes.

III. Well trained Negro physicians and nurses are vital needs in the Control Program of tuberculosis in the field, Clinics and Sanatoria.

IV. The Negro desires to be worked with, and not for, on all these control programs.

V. More beds in the State and County Sanatoria should be provided. Let me close by quoting from the paper of Dr. Lewis J. Moorman of Oklahoma City, Oklahoma, "On Science, Sense and Sentiment," in the dark Kingdom of Disease.

He said, "We have now arrived at the point where science and sense need the weight of sentiment. Sentiment demands that we pay our debt to the World's most loyal and friendly race. Fortunately when we consider the
nature and magnitude of the debt, we are convinced that even unbridled response to sentiment could not possibly carry us beyond the bounds of justice. The faithful denizens of this ebony skinned race have tilled our soil, followed our flocks, garnered our grain, cured our viands, and performed all the menial tasks which insure the amenities of life. They have cooked our food, mothered our children, and nursed our sick. They have colored our philosophy, sharpened our wits and mellowed our hearts; they have built our fires, turned down our beds, and comfortably launched our dreamland journeys. Finally climaxing the drudgery of the day, they have often transfixed us in the ethereal mystery of night with the strange melody of their spirituals. Though they have been our slaves they have served with devotion. They have revered our loved ones and mourned our dead I submit the following question in response to all this, Can we do less than vouchsafe to our brothers in color reasonable protection against disease, suffering and death, and the best possible chance to achieve the fullness of life?"

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Incidence of Tuberculosis Among the Personnel of the College of Medicine, University of Cincinnati, and the Cincinnati General Hospital

MELL B. WELBORN, M.D.**
Evansville, Indiana

The incidence of tuberculous disease among the interns, medical students, nurses and employees of the College of Medicine of the University of Cincinnati and the Cincinnati General Hospital has long been a matter of interest. Various estimates have been given of this item but no exact studies have been made. It is the purpose of this report to give as far as possible the incidence of all forms of tuberculosis occurring among the groups listed and to compare it with similar data from other institutions. This study concerns itself with the time between July 1, 1931 and July 2, 1935, a period of four years. The data were collected from the records of the respective offices of the Dean of the College of Medicine, the Superintendent of the General Hospital, the Supervisor of Nurses, and the Personnel Physician.

There are several important factors affecting a study of this kind. Among these are the stability of the population studied, the criteria used in the diagnosis of tuberculosis, and the case finding methods used. The population studied in this report was divided into six groups as follows: Doctors, graduate nurses, student nurses, medical students, affiliate nurses, and employees. The first four represent fairly stable groups; the last two are somewhat variable. That is, not only was the number of employees in any one month found to vary, but the membership of the group changed. The same situation was found to be true among the affiliate nurses. In this study the number of employees as of July 1 was taken for one year. Likewise, affiliate nurses remaining at the hospital for six months or longer were counted as for one year.

These arbitrary divisions of the population into groups may seem superfluous but they were made in an attempt to form classes whose attributes in respect to age and occupation, and the case finding methods used, were similar. The affiliate nurses, mostly students, were grouped apart from the others mainly because no program for case finding among them is exercised by this institution.

In order for a case to be recorded as tuberculosis, the diagnosis had to be based on a study of the affected tissues, the finding of the tubercle bacillus, or an x-ray plate showing changes generally accepted to be due to tuberculosis. Pleural effusions were as-