IN SPITE of a declining mortality rate during the past twenty years, the morbidity rate still remains high and the tuberculosis problem is, therefore, a very real one.

We have a large number of sanatoria and surgical departments in hospitals where miracles in the treatment of tuberculosis are accomplished—a large number of the cases being hospitalized, for the first time, with advanced lesions. The treatment of such cases requires specially trained physicians, whose services will always be a necessity, as a certain number of people never seek aid until forced to do so by the symptoms of advanced tuberculosis. A small number of cases will progress to the advanced stage in spite of good treatment. Advanced cases of tuberculosis are treated at a tremendous cost in lives, health and dollars. A great deal of this cost could be saved by an early diagnosis with a search for contact cases.

Whereas the management of the advanced case usually requires a physician with special training, expensive equipment, etc., the treatment of the patient with an initial lesion or a minimal lesion, in case of necessity, may often be successfully accomplished by the family physician. The treatment of early lesions usually gives a more satisfactory result, whether treated at home or in the sanatorium. I realize that a certain number of patients refuse to believe that tuberculosis is present when the diagnosis is made in the early stages, and that others will refuse treatment no matter how much involvement is present.

The diagnosis of tuberculosis does not depend upon complicated procedures requiring special training. The facilities are accessible to practically every physician. First of all, the physician must be willing to expend the same amount of patience and time required by any obscure illness. A careful history, a careful physical examination and sputum examinations are necessary. When dealing with children and young adults, the tuberculin test is invaluable. The x-ray is indispensable. The proper use of the above procedures would result, in a few years time, in a tremendous saving in the cost of treating advanced tuberculosis, and would aid greatly in wiping out one of the most devastating diseases ever known to mankind.

The physician in general practice is the one who is first consulted in the majority of cases. Upon his willingness or desire to search for the diagnosis, and upon his judgement, rests the proper diagnosis and treatment of the majority of people seeking medical advice. Therefore, in the hands of the general practitioner lies a very important link in the chain for tuberculosis control.

All who do tuberculosis work, specially those who have done routine tuberculosis surveys in public schools, frequently meet much opposition, not only from the laity, but also from the local physicians. The objections to the tuberculin test are many, ranging from the belief that a positive reaction indicates only those who have developed an immunity, to the extreme that a single test sensitizes the individual to tuberculosis and makes him more susceptible to future exposure to the disease. Many local physicians believe, and I think rightly so, that the testing should be done by themselves. But first, many of these physicians will have to acquaint themselves with the technique and value of the tuberculin test.

In this connection, I would like to relate an interesting occurrence which took place in this community several years ago. At that time we ran a tuberculosis survey of several hundred school children in this area for the State Anti-Tuberculosis Association. In one country high school that had a championship basket-ball team, the local physician accompanied us to see how the tuberculin tests were done and to determine, in his own mind, their value. The basket-ball squad consisted of ten husky six-footers. Of these ten boys, four were positive reactors, and the follow-up examination indicated that two of the four had active pulmonary tuberculosis, one having involve-
ment of an ankle joint in addition to the pulmonary lesion. Of these two, one died in a few months of tuberculous meningitis. The other has practically recovered after spending months in a sanatorium, but it was necessary to amputate a foot before the joint and bone involvement was controlled. This incident impressed the local physician to the extent that practically every patient that now enters his office is investigated for tuberculosis in addition to whatever else is indicated.

So, in order to obtain the full cooperation of the physician in general practice, he must first be made to see the importance of the tuberculosis problem and the value of a careful examination of all patients. The value of sputum examinations, tuberculin testing, and the x-ray must be made known to him.

Summary

Theoretically, tuberculosis is a preventable disease. Every case comes from another case. It may be impossible to discover and isolate all cases; but by a good educational program among physicians, many more cases will be discovered and isolated. All physicians must first believe in the program before we can expect the full cooperation of the general public.

An Ounce of Prevention is Worth a Pound of Cure

"Preclinical Medicine"

Malford W. Thewlis

Williams & Wilkins Co., Baltimore, Md. pp. 223 inc. Price $3.00

It is far better to prevent disease than to attempt to cure it. Each year sees us farther on our way in preventative medicine, but the road is still long and much work must be done before a longed-for Utopia can become a reality.

Life span has been markedly increased by the prevention of childhood diseases, but, on the other hand, more people reach old age and hence increase the incidence of degenerative diseases. Still much can be done in prolonging life when degenerative disease is found, and this in itself can be classified as a part of preventative medicine. At least medicine puts off, many times for years, the period of dissolution.

The average general practitioner is little interested in preventative medicine. His task is to attempt the cure of patients who present themselves with manifest disease. But more and more as the public becomes educated through the various agencies of prevention, the family doctor is confronted with the problem, and must acquaint himself with the fundamentals, at least, if he is to retain the respect of his families.

Books on general medicine give one but a brief knowledge of this type practice, and any volume dealing with this in a specific way should be welcome.

Dr. Thewlis in his book, Preclinical Medicine, has written a clear and concise outline which gives at a glance a working knowledge of this vast field. He shows that through a study of preclinical states and predisese, a synthetic diagnosis is obtained by means of which an analysis of disease tendencies are made; that the general practitioner is aided by his knowledge of the life history and actual condition of the patient; that close supervision of the patient must be maintained even in health; that the patient must be kept health conscious and not disease conscious; that disease evils and conditioning periods of disease are critical factors; that adaptation of present clinical methods and research to investigation of preclinical states and predisese periods is necessary;