June 20th, 1939.

"To the Editor:

"The Editorial Comment, The Facts and Significance of the Tuberculin Test, in the June issue carries much significance. 'If a tuberculin test were performed on every human being and all the positive reactors given an x-ray examination—then practically every case of tuberculosis would be discovered.' (This statement has confirmative illustration in the practical extinction of tuberculosis in cattle where the positive reactors can be destroyed, and in the Philadelphia Zoological Gardens where Doctor Herbert Fox allows no new Simian reacting positively to tuberculin to become a member of the monkey colony). 'The expense of such an undertaking is, of course, prohibitive.'

"Such a broad, truthful and significant statement as this calls for serious thought. Wonderful as it would be as a health measure to discover every case of tuberculosis, the magnitude of the undertaking places it in the category of dreams rather than accomplishments. Since we are unable to do it, is there not something that in a smaller way we can do to secure the same results? We know the death rate from tuberculosis has not declined in the young female group in the same ratio that it has in the young male group nor in the general population. The young female group is numerically large but it is not so large that it would be impossible to carry out a survey that would surely result eventually in a reduction of its tuberculosis mortality. Let us make this case-finding survey in this group then. Education and Industry contribute a high percentage to this group. The laity is certainly not, and the general practitioner but little more so, tuberculin and x-ray-minded to make such an undertaking simple and easy. We would probably have to go back to our former campaigning to educate. The results of vaccination against smallpox, and of diphtheria immunization are no more preventive health measures than "case-finding" in tuberculosis and yet on account of its long duration the economic burden is greatest in tuberculosis. X-raying, of course, is the greater cost in tuberculosis case-finding.

"In a letter such as this it would be out of bounds to discuss ways and means. For the present the idea, then its elaboration. It is wonderful to be able to anticipate clinical tuberculosis and as progressive physicians we should use the knowledge we possess. The editorial's lucid exposition is certainly an urge for practical disposition. It can be done—let us do it.

"Alex. Heron Davison, M.D."

The above comment by Dr. Davison is very
interesting. His suggestion deserves profound thought. Many may not believe in wholesale skin testing—others may. Further comments on this subject by our fellows and readers are welcome. Certainly the age group, 15-25 needs special consideration.

C. M. H.

PROPER USE OF Copies of the following letter were received by the Tuberculosis Clinics in Philadelphia which are under the City Department of Health.

"PHILADELPHIA HOSPITAL FOR CONTAGIOUS DISEASES
August 17, 1939.

"Dear Dr. Brumm:

"Permission has been granted by Dr. Nassau to have all active tuberculous cases under 12 years of age admitted to this hospital. Formerly these cases were sent to the Philadelphia General Hospital and then transferred here.

"It is understood, of course, that this does not include the so-called preventorium type of case. I believe it would be advisable for you to notify all hospitals and chest clinics under your supervision of this change. Will you please stress the importance of having positive clinical and laboratory findings, together with a copy of the record in each case, before being transferred here.

"I propose to admit these cases through the Bureau of Health or whatever means you may suggest. Transportation will be furnished by this hospital only when necessary.

"Respectfully yours,

P. F. Lucchesi, M.D.,
Superintendent."

This utilization of empty beds in a hospital for contagious diseases to treat tuberculosis in children who are infectious has a two fold benefit. The immediate benefit is, of course, to the sick child and his contacts. But just as important is the recognition of the fact that tuberculosis is infectious and deadly and should no more be roaming the streets than leprosy or smallpox.

With the diminution of other infectious diseases, many hospitals for contagious diseases have many empty wards. It is hoped that their utilization, to cure and segregate infectious cases of tuberculosis in children will become general where there are insufficient beds in tuberculosis sanatoria to take care of them.

Dr. Charles F. Nassau, Director of the Department of Health of the City of Philadelphia, Dr. P. F. Lucchesi, Medical Director of the Philadelphia Hospital for Contagious Diseases, and Dr. Seth Brumm, Chief of the Division of Tuberculosis of the Department of Health, are to be congratulated upon taking a forward step in municipal tuberculosis cure and prevention. A Public Health office is a most sacred trust.

F. W. B.

TUBERCULOSIS Tuberculosis has gone to school, and is graduating—a highly specialized product. It no longer belongs to backwoods days and to backwood ways. No longer is it enrolled in the humble "district schule"; but is marching forth from the shiny marble halls of a great university. Yes, tuberculosis has gone to school—it has been educated. No more will it be content with primitive methods; with the advice of tonics, take it easy, lie up in bed and stuff with raw eggs and milk, etc., etc. No indeed! Rather it demands, now that it can boast of a new learning, all the skill and treasures of modern medical science.

Yes, pulmonary tuberculosis today, has taken its rightful place in the unholy scheme of things; and exacts all the scientific and specialized knowledge of modern medicine and surgery for its treatment and control. This knowledge is now available, and must be applied if this scourge of the human family is to be annihilated. The nihilism of yesterday with its late diagnosis and passive treatment is gone. Today, there is needed, and being utilized, the combined efforts, experience, skill and knowledge of the phthisiologist, thoracic surgeon, radiologist and bronchoscopist.

However, the general doctor is still a vital cog in the wheel of the present day tuberculosis campaign. Without him it would utterly fail and collapse. For it is he who usually sees the patient first, and it is by him that the future course and destiny of his patient is charted. The specialist needs the doctor in general practice, and the doctor needs the specialist.

Yes!—tuberculosis has gone to school.

C. H. H.