Tuberculosis in Mexico

DONATO G. ALARCON, M.D.

Mexico City, D. F.

Mr. Chairman, Fellows of the American College of Chest Physicians, Ladies and Gentlemen:

When I left my country, dark clouds were announcing the most dreadful storm ever to disturb the beautiful sky of Mexico. We, as many others, have had to enter the war and to face tremendous sufferings, toil and death. Circumstances compel us to join the democracies in this struggle for liberty, no matter how far we are going to be decimated by this worst of scourges.

If there are two activities opposed in the most diametrical sense, these are the martial task of destruction and the patient, persistent, decided work of our associations against tuberculosis. Medicine is the antithesis of everything tending to destroy life. But Medicine has to join the armies, has to follow the path of soldiers, vigilant for their health, alert for saving their life when armaments leave the slightest possibility for escape of a victim, and mitigating the tremendous sufferings of those whose destiny is not to survive.

I was invited to present before you a brief exposition of the situation of tuberculosis in Mexico; but I have to begin, stating that whatever the situation of tuberculosis in my country was a few days ago, a sudden change has occurred. Particularly is this true as regards the immediate future of the campaign against the disease and the results of our effort to date. As a consequence of the advent of war, we have only to expect increased mortality, higher morbidity, and we are prepared to see some of our hopes frustrated.

Our mortality today is estimated at 25,000 deaths a year for 20,000,000 population. The rate is therefore 125 per 100,000. Morbidity should be calculated at 250,000 for all forms. Our registered mortality is certainly under these numbers, as only 12,000 or 13,000 are recorded in the last years. Taking these last numbers to be conservative, we need at least 12,000 beds for the care of the tuberculous. And we have under 1000 available. In the last two years a tremendous effort was made by the governmental agencies to triple the number of beds; and definite plans for a campaign were started when I was formerly the director of the tuberculosis campaign in Mexico. Three new hospitals are under construction and a new pavilion is almost ready for occupancy at our sanatorium. A compulsory insurance plan was under study until recently to provide a regular source of funds for effective care of the thousands who are in need.

Work against tuberculosis in Mexico has some peculiarities worthwhile stressing. The activities are mostly in charge of the govern-
mental agencies and it is only recently that private initiative has contributed effort and money; but the government, nevertheless, is leading the campaign.

Our therapeutic problem is that of the poorer people. We are forced to use the most effective means to obtain prompt relief of the disease, in order to shorten the stay of patients in our hospitals. One bed for us is more valuable than it is for other communities, as these beds are very scarce. Surgery has to be used more frequently on account of the stage at which the patients come to the sanatoria.

That is the reason for the intensive work developed in our sanatorium at Huipulco, where the surgical activity is considerably greater than that of the majority of the leading hospitals for tuberculosis in the United States.

This attitude is justified by the following statements: In our sanatorium, sixty-eight per cent of the cases admitted are bilateral. Fifty per cent come with cavities visible on the roentgen film. About twelve per cent have bilateral cavities. Only five per cent come with moderately-sized infiltrates in the pneumonic stage.

Work in the institutions of Mexico is comparable by its results with that of the best institutions. Our effort is rewarded every day by the success obtained from the modern means of therapy. In certain techniques our group counts among the leading in the world.

To fight tuberculosis in an ample sense is not only to stop the episode of clinical disease; it is to prevent relapse, to avoid new cases, to limit danger of spreading and this task cannot be accomplished by institutions or organizations dealing solely with tuberculosis. Improvement of living conditions, hygienic education, better food, better housing, and money wisely spent are the resources which may bring eradication of tuberculosis amongst our people. This should be the result of progress of the community.

Therefore, whatever our effort be to force the steps of eradication, these only parallel the natural pace of the progressing community. We are still living in the hope that some new discoveries will help this task. We are perfecting our procedures to save lives, one by one, but the educational situation and the economic possibilities of our communities will influence the statistics of tuberculosis mortality for many years more.

Now let us contemplate the immediate future, during the war and after the war. War always has collected a tithe in tuberculosis victims. War is going to increase our mortality even for many years after its conclusion. It is our patriotic duty to fight against tuberculosis both during and after the war; and it is also our duty not to become discouraged by anything no matter how dark the picture looks. Better distribution of wealth and better distribution of health are the promising possibilities of the future, when peace will reign over the earth. Meanwhile, we have to strive and to fight earnestly
within our fields of endeavor to deserve the advent of peace, liberty and well being.

American colleagues have been fighting the same foes, disease and poverty; and now we have joined our efforts to yours to fight for liberty—which means everything for all people born under the glorious sky of the Americas.

Present Tuberculosis Status in Cuba

ANTONIO NAVARRETE, M.D.
Havana, Cuba

Mr. Chairman, Fellows of the College, Ladies and Gentlemen:

I have been invited by our President to bring to this meeting a report on the present status of tuberculosis in Cuba. I gladly comply with this request, as I consider the opportunity of addressing you a privilege despite the inconveniences of wartime international traveling.

Although the fight against tuberculosis has not reached, among us, the advanced stage found in most parts of the United States, a determined effort is being made to organize a systematic and efficient campaign against this scourge.

Before going into the details of the present tuberculosis status in Cuba it seems pertinent to recall a few facts about the country.

Cuba is a tropical, insular republic with an area of 44,000 square miles. Its economy is agricultural and its population is over four and one-half millions. Of its population 73 per cent are whites and 27 per cent colored.

Havana, the capital city, is the largest urban center, with close to 700,000 people.

The death rate from tuberculosis, although showing a steady downward trend, still amounts in Havana, according to reliable statistics, to 160 per 100,000. Less reliable reports place this death rate at about 65 per 100,000 for the country as a whole. Two main factors explain this remarkable difference: concentration in Havana of practically all hospital facilities for tuberculosis on one hand, less reliable estimates and more occultation in rural areas on the other.

Morbidity is placed at between 1.6 and 2.7 per cent, according to different sources.

No comprehensive survey to determine the rate of infection of the general population has been carried out as yet. The only one available, to which I will refer later more in detail, covers a limited, but representative, section of the city of Havana, with a population of 150,000. Reports from this survey place the rate of infection of the many thousands of persons examined, as judged by reaction to tuberculin, at 69.62 per cent.