The Eradication of Tuberculosis; the Greatest Health Problem in the Philippines

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Tuberculosis is the most dreadful disease in the Philippines because of the very high mortality among our countrymen with devastating effects on the economic and social conditions. Consider the tens of thousands of human lives that succumb yearly to the disease and you will wonder how the Filipino people can survive in the long run. The total number of deaths due to tuberculosis in 1936 amounted to 32,235 which is almost equal to the combined total mortality from five of the most prevalent diseases in the Philippines, such as malaria, influenza, beri-beri, dysentery, and typhoid which, in the same year, caused 35,855 deaths. The latest report from the Health Service shows that the death rate of tuberculosis has increased during the last war to 35,000 deaths per year. In other words one Filipino died of tuberculosis in the Philippines every fifteen minutes.

Hundreds of thousands of our countrymen are suffering from active tuberculosis and as such we may consider them as non-productive elements in the community. From the economic standpoint the estimated losses are as follows: For every death, P 1,000.00; for loss in production, P 600.00; for cost of treatment and food, P 365.00; and for funeral expenses, P 20.00. The thirty-five thousand (35,000) deaths from tuberculosis represent therefore, an economic loss of 69,475,000 pesos per year. Assuming, from the epidemiological and statistical point of view, that for every death from tuberculosis there are in existence 12 cases with active process, then, it can be considered that approximately 420,000 Filipinos are actually suffering from the disease. These cases are the ones responsible for the continuous spread of infection and dissemination of tuberculosis to the rest of the population. For these 420,000 tuberculous patients, evaluating each patient becoming a non-productive element at P 600.00 per year, and the cost of treatment and food, P 365.00 per year, then the total loss amounts to 405,000,000 pesos annually. The total economic loss for those 35,000 deaths and for the 420,000 tuberculous patients is therefore 69,475,000 and 405,300,000 pesos, respectively.

A comparison of the mortality in the Philippines with that in other countries such as the United States, England and Germany:
### Causes of the Prevalence of Pulmonary Tuberculosis Among the Filipinos

The disease is a very old one in our country. It was mentioned by Spanish writers since 1521. Some methods of cure were recommended then, betraying ignorance of the real cause of the disease. Although American administration in the Philippines was organized in 1901 and the Department of Health began its work the following year, its activities were directed and limited to the control of the prevailing diseases at that time, namely, bubonic plague, cholera, dysentery, small-pox, etc.

The first measure against tuberculosis was started on June 30, 1908, when the Municipal Board of Manila enacted Municipal Ordinance 104, Section 928, now amended as Section 208 of Municipal Ordinance 285, prohibiting expectoration in public places. It can be asserted that during the Spanish regimen and during the early years of American occupation forty years ago, almost nothing had been done effectively to control or to eradicate tuberculosis among our countrymen. It spreads everywhere and in every place so that there is hardly any Filipino home today that has not been visited by the ghost of tuberculosis.

Among the most outstanding predisposing causes or conditions which favor the transmission of the disease from one person to another are the following:

**Ignorance and lack of sanitary and hygienic education:** The majority of the Filipinos are still completely ignorant about the origin, causes, and means of infection of tuberculosis. Although hygiene and sanitation are taught to our children in the public and private schools, in the homes their parents are reluctant to apply the preventive measures taught in the schools. The traditional Filipino customs of taking care of tuberculous patients (living in the same room, using the same utensils in eating, spitting anywhere, etc.) remain unchanged. Thus, the contagion is general, particularly to the infants who are very susceptible to infection. More and more persistent educational campaigns should be carried out among our people in order to achieve fruitful results.

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<tr>
<td>United States of America</td>
<td>(1929)</td>
<td>90,000</td>
<td></td>
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<tr>
<td></td>
<td>(1940)</td>
<td>60,000</td>
<td></td>
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<tr>
<td>England</td>
<td>(1927)</td>
<td>38,173</td>
<td></td>
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<tr>
<td></td>
<td>(1937)</td>
<td>35,000</td>
<td></td>
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<tr>
<td>Germany</td>
<td>(1927)</td>
<td>61,408</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(1936)</td>
<td>57,000</td>
<td></td>
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<tr>
<td>Philippines</td>
<td>(18,000,000)</td>
<td>33,000</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>(1930)</td>
<td>33,000</td>
<td></td>
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<tr>
<td></td>
<td>(1940)</td>
<td>35,000</td>
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Poverty: Tuberculosis is more rampant among the poorer classes, especially the laborers. This was generally observed among those who exert great physical efforts in their work or who spend more energy in the performance of their duties, such as the laborers and workers in the commercial and industrial firms. Poverty means undernourishment, poor housing, overcrowding, excessive work, moral depression and lack of resistance.

Economics: If we consider the daily wages of our laborers which average P 5.00 in the City of Manila and P 4.00 in the provinces, and compare these with the actual cost of living, particularly during these post war days, we can easily understand that the income of our laborers is hardly sufficient to enable them to maintain a normal standard of living. The laborers or the poor class are more prolific than those belonging to the middle class. The average components of a family are 5 to 6 members. Quarters in the slum district of the City of Manila costs ordinarily P 0.50 daily for the whole family; and food, including rice, costs from 2.00 to 3.00 pesos. There is nothing left for clothing and medicine even for slight ailments. In a case where there is one sick of tuberculosis in a family, overcrowding and promiscuous sleeping result in contagion for the whole family.

Undernourishment: The insufficient intake of food or the lack of a balanced diet in the daily life of our people causes low body weight, weak constitution and great susceptibility to the disease. Filipinos are easy victims of tuberculosis. They are dying of tuberculosis because they are undernourished; they are undernourished because they are poor; and they are poor because they are not receiving enough income for a standard mode of living. Our natural resources are still undeveloped.

Social conditions: Poverty and economy are social problems. Unless our resources, agricultural and industrial, are developed by the Government, the condition of poverty and poor economy in the country cannot be improved and settled. There is a need to overhaul the primitive system of cultivation of our land to increase the yield of the soil for the benefit of the laborers in the fields. For example, rice production in the Philippines gives an average of 30 cavanes per hectare. This can be doubled or tripled by employing a mechanical plow which digs deeper into the soil, the use of fertilizers to increase the yield, the use of automatic grain drills instead of the primitive way of seed planting by hand, the proper selection of seeds for planting, etc. With the increase in crop production, there will naturally be an increase in the share of the tenant.

Industry can be aided also by the Government by transforming water power in Luzon and Mindanao into hydro-electric plants.
which may produce cheap electricity for the creation of home industries. The problem of tuberculosis control is not only medical but also economic and social.

*Previous Diseases:* All factors that may cause weakness of the body or previous illnesses, such as malaria, influenza, pneumonia, diabetes, intestinal parasitism, etc., which lower the body resistance, contribute to the rapid development of the disease.

*War conditions:* The increase of the incidence and its high mortality during the three years of Japanese occupation, which up to the present time prevail, may be attributed to lack of food or undernourishment, to worries and its side effects on the nervous system, and to the hardships of life created by the Japanese brutality and atrocity during the whole period of occupation. The above opinion can be deduced from the following tables:

**TABLE I — BEFORE JAPANESE OCCUPATION**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Examinations</th>
<th>Total No. Positive Cases</th>
<th>Rate per 100</th>
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</thead>
<tbody>
<tr>
<td>1939</td>
<td>262,804</td>
<td>16,652</td>
<td>6,336</td>
</tr>
<tr>
<td>1940</td>
<td>261,143</td>
<td>15,294</td>
<td>5,857</td>
</tr>
<tr>
<td>1941</td>
<td>175,701</td>
<td>10,858</td>
<td>6,180</td>
</tr>
<tr>
<td>TOTAL</td>
<td>699,648</td>
<td>42,804</td>
<td>6,118</td>
</tr>
</tbody>
</table>

**TABLE II — DURING JAPANESE OCCUPATION**

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of Examinations</th>
<th>Total No. Positive Cases</th>
<th>Rate per 100</th>
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<tbody>
<tr>
<td>1942</td>
<td>27,312</td>
<td>4,418</td>
<td>16,176</td>
</tr>
<tr>
<td>1943</td>
<td>45,113</td>
<td>7,419</td>
<td>16,455</td>
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<tr>
<td>1944</td>
<td>29,581</td>
<td>5,948</td>
<td>20,108</td>
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<tr>
<td>TOTAL</td>
<td>102,006</td>
<td>17,785</td>
<td>17,435</td>
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**CAMPAIGN AGAINST TUBERCULOSIS IN THE PHILIPPINES**

The Bureau of Health and the Philippine Tuberculosis Society are the government and semi-government enterprises, respectively, that carry out all the activities to control and eradicate tuberculosis in the Philippines. The latter started the campaign against the disease since its organization in 1910 with the opening of the San Juan del Monte Sanatorium near Manila. Since that time, year after year, the Society included among its activities the establishment of pavilions and dispensaries provided with X-ray facilities, laboratory and pneumothorax equipment in Manila and in the provinces. Early diagnosis of the disease and proper treat-
ment were given to tuberculous patients. Education and propaganda to the public about tuberculosis were not overlooked by the physicians and nurses in charge of the sanatoria, pavillons and dispensaries.

In 1937, the main building of the Quezon Institute (formerly the Santol Tuberculosis Sanatorium) was erected, and in 1941 the wings of the Institute were completed fully equipped with the latest x-ray apparatus and tomography, modern laboratory equipment with facilities for research work, air-conditioned operating room, surgical and eye, ear, nose, throat, and physiotherapy clinic; orthopedic clinic, morgue equipped and electrically operated refrigerator, incinerator, etc. The Quezon Institute is a modern up-to-date sanatorium in the Orient whose buildings and pavillons were patterned after the most modern system of hospital construction in the United States. Its capacity was for more than 1,300 beds. The Quezon Institute became famous through its medical director, Dr. Miguel Canizares, whose leadership as anti-tuberculosis campaigner is duly recognized in the Philippines and abroad.

The Philippine Tuberculosis Society also established sanatoria in the cities of Ilo-Ilo, Cebu, and Baguio; pavillons and dispensaries in the capitals of various provinces such as in Zamboanga, Capiz, Tacloban, Vigan, Tuguegarao, Naga, Cabanatuan and Calamba. The fundamental policies of the Society carried out in all the corners of the country were as follows:

(a) To inform the public about the modes of infection of the disease and the methods of prevention.

(b) To combat the spread of the disease and to afford the necessary relief to afflicted persons with all available means.

The outstanding work undertaken by the Quezon Institute were as follows: (1) training private physicians and fellows of the Bureau of Health in the diagnosis, treatment and prevention of the disease; (2) teaching and acquainting the undergraduate interns of the three medical colleges of the country with the various phases of tuberculosis, stressing principally the important role that they as future practitioners must play in the control of tuberculosis; (3) treating, educating, training, and rehabilitating tuberculous patients for the new life after they have been discharged; (4) induction of collapse therapy in suitable cases; and (5) conducting research and investigations on tuberculosis.

The Society also offered the Out-Patient Service, Dispensary Service, and Home Treatment Service which rendered invaluable benefits to the suffering patients of tuberculosis.

Out-Patient Service: The services were rendered to poor people who could not afford the payment of private physicians, especially when there is a need of a thorough examination of the chest by
x-ray for tuberculosis and other diseases. It also furnished information and assistance in securing sanatorium care for any person suffering from the disease.

Dispensary Service: Day and night, free service to indigent patients was also opened to the public. Dispensary service was especially offered to laborers who had no time to attend the consultations during the day. The dispensaries were strategically located in various districts in the City of Manila and in several provinces to help the poor people who could not afford to pay private physicians. This service provided for periodic health examination including free treatment of the disease. The services rendered by the dispensary in close cooperation with the outpatient service, stressed the value of periodic health examinations and early diagnosis with proper medical care.

Home Treatment Service: This service proved to be also a public need because of the ever-increasing tuberculous patients who attended the dispensaries in Manila and provinces, most of them requiring hospitalization but no accommodation was available. These poor patients then were provided with an expert and competent medical service and nursing follow-up attendance. The education provided by the home treatment service in matters of prevention and control is also very beneficial to the people.

PHILIPPINE TUBERCULOSIS COMMISSION

The Government of the Philippines began the control of the disease on November 24, 1930, when it created the Philippine Tuberculosis Commission by virtue of Act No. 3743. This commission functioned from February 16, 1931, to December 31, 1932. In 1933, a reorganization act was approved, transferring the functions of the Philippine Tuberculosis Commission to the Bureau of Health. A section of the said Bureau now called the Tuberculosis Control Section is in charge of all activities concerning this disease. The campaign against tuberculosis conducted by the Bureau of Health, Bureau of Education, community assemblies, and the community social centers. The school children were reached through the school teachers, nurses, and physicians; the adult population through lectures, conferences, and radio talks from time to time by physicians, nurses, social workers, and health specialists. The health agencies gradually extended to rural districts through tuberculosis clinics.

Diagnosis: The case finding was done by traveling x-ray units which conducted fluoroscopic examinations, and by health officers in various clinics and dispensaries in the provinces. Private practitioners rendered valuable services cooperating with the Government in this respect.
Relief and Treatment: The San Lazaro Hospital, Manila, with a 200 bed capacity under the Bureau of Health also gave admission to tuberculous patients of the moderate and far advanced cases. There were also cottages for tuberculous patients in Baguio and several pavilions and dispensaries in the provinces.

Lastly, physicians and nurses undertook follow-up work through home visits. At the same time health officers rendered remedial services to the sick whenever these measures were available and needed.

Tuberculosis Research: Tuberculosis investigations were accomplished by three sections, namely, (1) bacteriological laboratory; (2) pathological laboratory; and (3) section of routine sputum examination.

The benefits of the services rendered by the Philippine Tuberculosis Society and the Bureau of Health through their agencies cannot be underestimated as they undoubtedly contributed to the prevention, control and treatment of tuberculous patients. Much had been done, but much more remains to be done.

THREE YEARS OF INACTIVITIES

Due to the prevailing unfavorable conditions during the three years of Japanese occupation, the activities of the Philippine Tuberculosis Society and the Bureau of Health were curtailed. The Quezon Institute was occupied by the armed forces of the Japanese, while its personnel and part of the equipment was transferred to San Juan de Dios Hospital, located in the Walled City in Manila. The hospital had 400 beds. There were also eleven other tuberculosis pavilions and dispensaries operated throughout the Islands. The said hospital was an old building, not proper to accommodate tuberculous patients. The tuberculosis cottages of the Bureau of Health in Baguio and several pavilions and dispensaries in the provinces were also adversely affected in their functions.

Incidence and mortality due to tuberculosis having been reduced in the previous years prior to the outbreak of the war have shown again an increase. According to a recent report from the Health Service, Manila, the death rate of tuberculosis reached to 830 for every 100,000 persons as against 230 before the war.

P 1,000,000 FOR TUBERCULOSIS DRIVE

After the liberation of the Philippines by the American Armed Forces, President Sergio Osmena of the Philippine Commonwealth Government approved the H. B. No. 543 providing for the appropriation of 1,000,000 pesos for the rehabilitation of the Philippine Tuberculosis Society to enable this organization to operate again
the Quezon Institute and other agencies engaged in the fight against tuberculosis.

Wider and more extensive tuberculosis campaigns throughout the Philippines are badly needed because of the great mortality of our people due to tuberculosis as a sequel to the war. To a great evil, a great remedy is needed.

CREATION OF THE NATIONAL COUNCIL FOR TUBERCULOSIS CONTROL

In view of the extent and magnitude of the tuberculosis problem in the Philippines, there is a national call for unification and consolidation of efforts of the various entities working for the prevention and control of the disease. The inconvenience of multiple directorates, overlapping of work, lack of coordination, misunderstanding, and waste of money should be avoided.

I believe that to achieve better results in our campaign against tuberculosis, the creation by the Philippine Congress of a central organization which will synchronize or embody the functions of various tuberculosis institutions such as the Philippine Tuberculosis Society, the Bureau of Health, and the White Cross is necessary. This organization may be called "The National Council for Tuberculosis Control."

ORGANIZATION

It should be composed of a full-time medical director, a specialist as phthisiologist; another phthisiologist as executive officer and secretary; and a board of directors composed of the president of the Philippine Tuberculosis Society, ex-officio; the director of the Bureau of Health, ex-officio; the President of the Philippine Medical Association; the president of the Private Practitioners Association; a representative of the Social Workers Association; and a representative of agricultural, commercial, and industrial enterprises. This national organization should draft a program for Ten Years' Activities under a coordinated plan of campaign against the disease, and for this purpose Five Sections to carry out the following activities should be created:

1. Section on education and propaganda.
2. Section on epidemiology and statistics.
3. Section on hospitals, sanatoria, pavilions and dispensaries.
4. Section on rehabilitation and social services.
5. Section on research and investigation.

Section of Education and Propaganda: Information about tuberculosis should reach all vital elements of the community and no person or group of persons must be left unapproached. These include the following:
(a) Schools, colleges, and universities.
(b) Government offices, agencies and other entities.
(c) Association of all kinds; medical and nursing, dental, fraternal, cultural, etc.
(d) Clubs: women, civic, sporting, social, etc.
(e) Agricultural, industrial and commercial organizations.
(f) Newspapers.

Not only information about tuberculosis should be given to the above mentioned groups, but also aid and help should be furnished.

Section on Epidemiology and Statistics: The personnel of the Bureau of Health may be requested to do this work, namely, to furnish the Council all data concerning this matter.

Section on hospitals, sanatoria, pavilions and dispensaries: The diagnosis and treatment of tuberculous patients should be done by the Philippine Tuberculosis Society through its agencies, namely, the Quezon Institute, the Central Dispensary in Manila, and the Sanatoria, pavilions and dispensaries in the provinces including mobile x-ray units.

The San Lazaro Hospital for tuberculous patients in Manila, pavilions and dispensaries including their mobile x-ray units with pneumothorax clinics, now under the Bureau of Health, with their personnel should be transferred to the Philippine Tuberculosis Society. This organization should undertake the mass survey of (1) all contacts to known cases of tuberculosis; (2) persons suspected of suffering from tuberculosis, under professional treatment of private physicians; and (3) all persons living in certain districts where mortality is known to be excessively high.

The establishment of more sanatoria, pavilions and dispensaries to accommodate patients who need confinement in such institutions for treatment must be encouraged.

WHITE CROSS

The only preventoria established in Manila by the White Cross should take care of the children of tuberculous patients.

Rehabilitation and Social Services: The economic and social rehabilitation of tuberculous patients should be given serious consideration by the authorities concerned. Official agencies have underestimated the importance of rehabilitation but it is useless to spend thousands of pesos for treatment of tuberculous cases if upon discharge from sanatorium, tuberculous patients suffer relapse because of the reactivation of their previous disease.

No person can remain physically fit if he is not economically rehabilitated to enable him to select the kind of work suitable to his condition. When a tuberculous patient is maladjusted economically to the environment, he remains a potential danger in spread-
ing the infection to his family and the community at large.

In most cases a poor tuberculous patient who needs confinement in a sanatorium cannot stay for complete treatment unless his dependents are provided with some aid from the government or from charitable institutions. The patient will prefer to remain outside of the sanatorium without chance of cure, for fear of leaving his dependents unprovided for.

The insurance of the laborers for their protection in case of sickness should be studied carefully by the Government in relation to this social problem.

Research and Investigation: The following should be undertaken: scientific research on tuberculosis immunization; the study of native medicinal plants for possible therapeutic application; nutrition of tuberculous patients; application of chemotherapy and antibiotics; social rehabilitation of cured patients, etc.

FUNDS

To finance the ten year project of activities of the National Council for Tuberculosis Control, once created by the Philippine Congress, the Government should set aside a revolving fund of thirty million pesos (P 30,000,000) as a general fund to be deposited at the National Treasury, one-tenth (P 3,000,000) of which may be spent yearly. The total amount may be covered from the General National Funds and partly from public contributions, and from the proceeds of the Philippine Charity Sweepstakes. All subsidy or aid to the Philippine Tuberculosis Society, its agencies, to the White Cross and others, should be passed and approved by the Board of the National Council of Tuberculosis Control.

Tuberculosis causes thirty five thousand deaths and four hundred seventy four million pesos loss to our economy per year. Its eradication remains a national problem of the Philippines after Independence Day on July 4, 1946. So, to save our country from the catastrophe, the Filipino people should be united in the fight against tuberculosis in all corners of the Philippines.

SUMMARY

1. Tuberculosis is the most dreadful disease in the Philippines because of the very high mortality among our countrymen, with devastating effects on our economic and social conditions.

2. The thirty-five thousand (35,000) deaths from tuberculosis during the war represent an economic loss of sixty nine million and four hundred seventy five thousand pesos (P 69,475,000) per year, and the 420,000 Filipinos actually sick of tuberculosis represent an economic loss of another four hundred five million and three hundred thousand pesos (P 405,300,000) yearly.
3. The causes of the prevalence of pulmonary tuberculosis among the Filipinos are: (1) Ignorance and lack of hygiene and sanitation; (2) poverty; (3) poor economy; (4) undernourishment; (5) social conditions; (6) previous diseases; and (7) post-war conditions.

4. The campaign against tuberculosis has been undertaken by the Philippine Tuberculosis Society and the Bureau and their agencies. They established hospitals, sanatoria, pavilions and dispensaries throughout the Islands and the outstanding phases of their activities were educational, diagnostic, relief, treatment, research and investigations.

5. The prevailing conditions during the three years of Japanese occupation caused an increase of incidence and mortality of tuberculosis due to lack of food or undernourishment, worries and their side effects on the nervous system, hardships in life created by the Japanese brutalities and atrocities, and inadequate medical attendance.

6. There is need of a national call for unification and consolidation of efforts of the various entities working for the prevention and control of the disease. The inconvenience of multiple directorates, overlapping of work, lack of coordination, misunderstanding, and waste of expenditures should be avoided.

7. The creation of the National Council for Tuberculosis Control in the Philippines is proposed.

8. The eradication of tuberculosis in the Philippines as a national problem after Independence on July 4, 1946, calls for the unification of the Filipino people to fight this disease in all corners of the Philippines.

RESUMEN

1. La tuberculosis es una terrible enfermedad causante de una gran mortalidad entre los Filipinos con grave daño de su condición económicoo-social.

2. Las treinta y cinco mil muertes (35,000) causadas por la tuberculosis durante la guerra, representan una pérdida económica para el país de sesenta y nueve millones cuatrocientos setenta y cinco mil pesos (P 69,475,000) por año, y los 420,000 enfermos actuales de tuberculosis, representan otra pérdida económica de cuatrocientos cinco millones trescientos mil pesos anualmente (P 405,300,000).

3. Las causas de la prevalencia de la tuberculosis pulmonar entre los Filipinos son: (1) Ignorancia y falta de Higiene y Sanitación; (2) Pobreza; (3) Economía limitada; (4) Nutrición defectuosa; (5) Condición social; (6) Enfermedades anteriores; y (7) Condiciones de la post-guerra.
4. La campaña antituberculosa en Filipinas ha sido llevada a cabo por la Philippine Tuberculosis Society y el Bureau de Sanidad y sus agencias hasta ahora. Se han establecido Hospitales, Sanatorios, Pabellones y Dispensarios antituberculosos en todo el archipiélago y sus actividades se han extendido en la educación, diagnóstico, tratamiento y en investigaciones sobre tuberculosis.

5. Las condiciones reinantes durante los tres años de ocupación japonesa causaron incremento en la incidencia y mortalidad de la tuberculosis, debido a la escasez de alimentos, depresión moral, dificultades y sufrimientos de los Filipinos por las brutalidades y atrocidades de los japoneses y falta de asistencia médica a nuestros enfermos.

6. Por necesidad nacional deberán unificarse y consolidarse todos los esfuerzos de las varias entidades dedicadas a la prevención y control de la tuberculosis. Las inconveniencias de una dirección múltiple, la duplicidad en los trabajos, falta de coordinación, mala inteligencia y gastos superfluos se evitarán en lo futuro.

7. La creación del National Council for Tuberculosis Control en Filipinas es su remedio.

8. La erradicación de la Tuberculosis en Filipinas es un problema nacional después de su Independencia en el 4 de Julio de 1946, y este acontecimiento es un llamamiento para que todos los Filipinos se unan en la lucha contra la tuberculosis que deberá entablarse en todos los rincones del país.

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