The Need for Tuberculosis Committees in County Medical Societies*

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I have been requested to present some of the arguments for the appointment of a Tuberculosis Committee in each County Medical Society. In a general sense I cannot think of any disadvantages of a committee of this type unless it be that in certain counties, particularly some of those in the Texas Panhandle that the tuberculosis problem be so small as to provide no functions for the committee. Therefore it would be obvious that my recommendations will be entirely for these committees.

The tuberculosis problem in Texas is a major one and in many sections of the State it will surmount all other health problems in the community. The problem will vary from county to county and necessarily control measures should be operated in an uneven manner. Special emphasis should be given those areas where the disease, tuberculosis, has an unusual incidence. In general, the county tuberculosis committee should act in a liaison capacity between all official and non official agencies interested in tuberculosis control and the local county medical society. The need for an official committee has been brought to my attention today in the following manner. In a certain county of the State the local school board in one of the towns has passed a measure requiring the tuberculin testing of all school children in the public school system. The rule passed by the local board seems quite dogmatic in that it requires a physician's certificate, on each individual found to have evidence of tuberculosis, stating that the individual is not infectious before the pupil will be readmitted to the public school. It would seem to me that if this local school board were contemplating passing such a regulation in the school system and if a committee on tuberculosis were present in the local county medical society, the committee could have been requested by the school board to meet with them and discuss the various angles to this type of medical program. The testing program was made mandatory. It should not be mandatory unless facilities are present to provide the proper examination, including an x-ray of the

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528
positive reactors even though they are unable to pay for the examination. Otherwise the regulation is unfair. The school board is to be commended for recognizing the need for a tuberculosis program but from the type of regulation passed it would seem that there was inadequate understanding of the meaning and significance of the tuberculin test and the means necessary to determine if the child is infectious. In my experience few children in such a program will be found to be of any danger to the contacts. As a result, if complete examinations are not available, all that can be determined from the testing program is the incidence of positive reactors in the community. No worthwhile information for a control program will be obtained. The by-products of this type of unsatisfactory control program usually result in confusion of the people, especially the parents, and unnecessary time consumed by the local physicians in explaining the significance of the test. In some communities this type of poorly planned program has resulted in absolute resistance to future bonafide and well-planned programs and has delayed a satisfactory program for months or even years in some areas. Thus, there is definite need in my opinion for local committees familiar with tuberculosis that are in a position to offer medical advice and leadership on medical programs where the initiative is taken by lay groups.

A local county medical society tuberculosis committee can provide a service to its own profession. At the present time with the stimulation of tuberculosis control programs by official and non official agencies of the State many counties desire these case finding services, yet in instances to my knowledge the case finding program involving mass surveys of large segments of the population has been broached before the county medical society and voted down through the lack of understanding of the program or the benefits that would accrue to the local physicians and this is especially true of financial gain. At the meeting of the society a discussion takes place and usually some physician with the best of intentions objects on the basis that it leads to State medicine. A motion is made before the society objecting to the program. It will be seconded by a member and a needed program of this type may be deferred or delayed months where there is an acute need for it at the earliest opportunity. If a local committee were present and was familiar with the policies of operations together with the plan in the discussion of the contemplated program the remainder of the society members present would see the advantages, the needs pointed out, and the reasons why no objection should be present. No society, to my knowledge has ever objected to a properly planned program of tuberculosis control where the facts and information were available to them. The only criticism that
appears is that from the lack of knowledge of the suggested control program.

A tuberculosis committee of a county medical society might well operate in an additional capacity, to stimulate interest in the local tuberculosis problem and directly or indirectly to provide for discussions and talks involving the phases of education, diagnosis, treatment and hospitalization of the disease. Since any tuberculosis program must eventually operate on the local level and the family physician must assume some responsibility for the care of the patient at some time during the course of the disease, the local physician becomes an important factor in any tuberculosis control movement. If the patient's physician has no interest in the disease and has not followed the developments in the medical and surgical treatments that have evolved in the last decade, the patient loses interest in the physician and feels that in some instances he is without guidance. With the demonstration of interest in the disease and in the patient, the patient will usually have confidence in his physician and with a little encouragement follow the directions and care suggested by the physician.

Through a study of the problem by the tuberculosis committee the needs of the community can be better planned and coordinated. Texas at this time has an acute shortage of sanatorium beds for the treatment of tuberculosis. It thus becomes mandatory that many cases be treated on the local level and as ambulatory cases. Until the bed shortage is reduced or eliminated and as long as this condition exists there will be need for local tuberculosis clinics. There are a number of counties in the State of Texas where no physician is available for example, to provide pneumothorax refills for the patients. This is a handicap to the treatment regime operated in the State Sanatoria because the medical staff cannot initiate the pneumothorax if at the time the patient leaves the sanatorium it will not be possible for the patient to continue treatments. In some sections of Texas in order for a patient to receive a pneumothorax refill he has to travel one hundred or more miles. To the indigent patient this precludes this type of treatment. In many instances it forces the sanatorium to resort to other measures not so effective in the control of the disease for the particular patient. In other words, we are defeating our purpose and the full benefits of the sanatorium care cannot be applied to all patients needing special treatment and admitted to the institution.

If tuberculosis committees were available in each county medical society worthwhile information on a general level or for the local community could be channelled from the various official and non official agencies of the State, and in turn the committee
might easily bring these matters to the attention of the medical society. The results from a well informed and industrious committee if present in each county, would lead to a closely woven and well coordinated tuberculosis program throughout the entire State of Texas. Control measures would be more readily understood and balanced. Much of the effort now expended in many counties is useless and futile. Tuberculosis testing programs in the school systems might be avoided and the resources for the control of the disease might be channelled into productive effort. Where local means are available the proper segments of the population should be examined where the disease is known to have a higher incidence or those segments of the population where occupational hazzards are recognized so that all productive efforts could be coordinated and the instituted case finding measures would supply the most number of unrecognized cases of the disease at the lowest cost per unit case.

With the stimulation of interest in the tuberculosis movement in any community, the usual procedure is to request first services involving the school population because of the ease with which they can be reached. After a study of tuberculin testing programs and case finding programs that have been provided in the school systems of Texas over the past few years we now realize that tuberculosis as a disease is not an important problem in Texas among school children. Usually a school child showing evidence of infection has obtained the infection from an immediate family contact. If the contact is recognized and treated together with proper precautions to prevent its spread, the child with the original positive tuberculin test will usually enjoy good health. We have lost sight of the fact that the most important thing among children is the search for the original source of infection and its recognition. When the school testing program is completed, here we stop and instead of going into the family and finding the original case we simply miss the boat. In other words we are more interested in doing 500 or 1,000 tests in a school system, and seldom figure the cost of the testing program and the time involved in relation to the discovered cases. School programs are expensive methods of finding tuberculosis. Tuberculosis is primarily a disease of adults and the spread of the disease occurs from the adult to the child; therefore our efforts should be directed toward the examination of the adult population of Texas rather than the school population of the State.

As a public health worker my contact with local county medical societies leads me to feel that sometimes I am under suspicion as one of the promoters of State medicine. This is a far cry from the actual facts and our duties. Every effort is made by the state
health department to limit their activities to the field of prevention of diseases. In the case of tuberculosis with the heavy expense and costly equipment involved, it is frequently necessary to supplement case finding measures and in this case the health department does enter into the diagnostic field. In no instance does the health department do any direct treatment of cases of tuberculosis but merely supplements the machinery on the local level and upon local request for this additional service. If a tuberculosis committee were present in the county medical society preliminary discussions of the program might well occur with this committee. The committee in turn would approach the county medical society. I firmly believe this society would have more confidence in the recommendations of some of their fellow physicians. The committee, thus in turn would remove the stigma of socialized medicine from the state health department. Where the local committee would function in its proper capacity it would practically eliminate the necessity for contact directly with the local county medical society and would lend support to the idea that all programs involving the health of the people would be the responsibility and under the complete control of the local county medical society. It is under the present plan, but at least it would remove some of the objections that we frequently confront when we are facetiously referred to as trying to sell the local county society a "bill of goods."

In summary the advantages of a local tuberculosis committee of the county medical society might be said to consist of a direct educational value to the people of the county and to the local medical profession. A well coordinated program of control could be formulated. A more complete picture of the problem and the needs might be presented to the public and to the medical profession. Through the liaison activities of the committee much of the suspicion of official and non official agencies can be removed toward the motives of suggested programs for the local benefit. An interest by a few physicians in each county will eventually lead to a more affective and complete tuberculosis control program on a local level. The committee as a whole would be benefited, the victims of the disease would receive better treatment and the medical profession in general would develop an awareness of the disease, and the modern concepts of control of the disease.