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WORK *in the* CONTROL of TUBERCULOSIS *in* CATTARAUGUS COUNTY



*From a Recent Report of the Bureau of Tuberculosis of the
Cattaraugus County Board of Health Participating in
the New York Health Demonstrations*

EXPERIENCE has shown that effective tuberculosis work in a community usually stimulates the development of measures to advance the public health in general. The inauguration of services for the promotion of general community health, however, does not necessarily lead to special activities for the prevention and control of tuberculosis. The tuberculosis work in Cattaraugus County was organized under one bureau on November 15, 1923, during the first year of the rural health demonstration there.

The activities of the Bureau of Tuberculosis are concerned chiefly with the discovery and classification, supervision and treatment of tuberculous patients resident in Cattaraugus County. The Bureau, however, has served a number of non-resident patients. For the most part, these have come from neighboring counties—Allegany, Chatauqua and Erie in New York State, and McKean and Potter in Penn-

sylvania. There have been instances also of persons coming from more remote places in other states for examination in Cattaraugus County. But, in the main, the work is devoted to the finding and treatment of patients whose homes are in the County.

By the appointment of the Director of the Bureau of Tuberculosis to the superintendency of the County Sanatorium, control of both the field and institutional work in tuberculosis was placed under one head. Dr. Stephen A. Douglass, County Health Officer and Director of the rural health demonstration, formerly held these positions.

Dr. William C. Jensen is the present incumbent; and Dr. William P. Brown is his assistant.

Through the intensive case-finding campaign, begun in November, 1923, an attempt has been made to examine Cattaraugus County residents within the following groups: (a) all active cases of tuberculosis, (b) all arrested cases of tuberculosis, (c) all suspects, (d) all contacts, (e) all persons who might be considered particularly susceptible to tuber-

THE year 1925 showed the lowest death rate from tuberculosis in Cattaraugus County on record during the past decade. There were 47 deaths per 100,000 of the estimated mid-year population as compared with 67 during 1924 and 51 in 1915, the previous low-year figure of the decade.

Evidence of similar progress in tuberculosis control is shown in many communities throughout the country, including Steuben, Jefferson and Washington counties in New York State. In this issue of the *Quarterly Bulletin* is given an account of the work being done in Cattaraugus County in the prevention and control of tuberculosis.

culosis, because of existing diseases which might lower their resistance, and (f) all persons who are living under conditions which might decrease their resistance to tuberculosis.

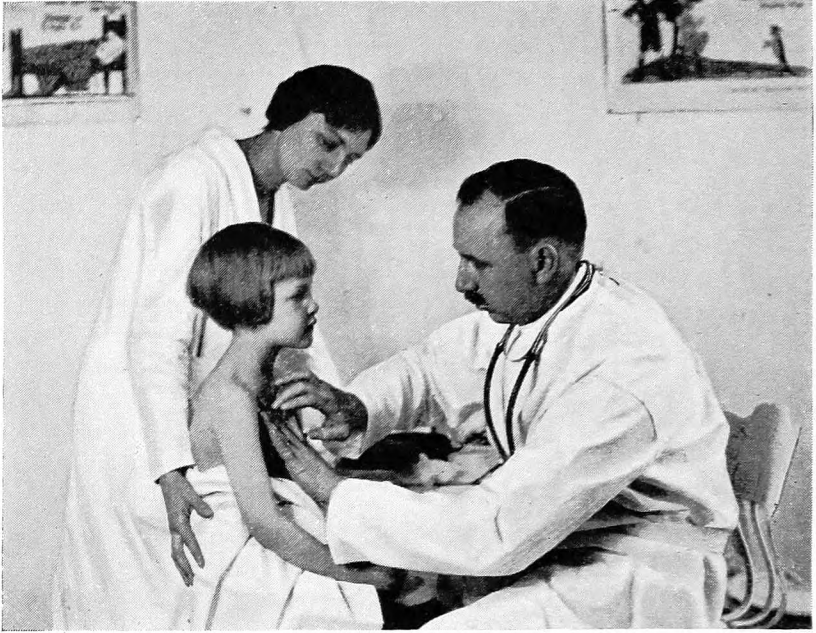
RESULTS comparable to those which in recent years have rewarded public health workers in their warfare against tuberculosis are promised through a five-year campaign recently inaugurated in New York State against diphtheria. Promoting the movement, are the State Departments of Health and Education, the State Medical Society, the State Charities Aid Association, and the Metropolitan Life Insurance Company.

Elsewhere in this issue is a brief recital of recent steps taken in the rural, urban and metropolitan centers of the New York Health Demonstrations, in the control of diphtheria by immunization through the use of toxin-antitoxin.

In order to discover persons within these groups, there were maintained during the year: (a) a regularly scheduled diagnostic clinic service, (b) a consultation service made available to the physicians of the county, in their offices, at the clinics, and in the patients' homes, (c) a school medical examination service, (d) an X-ray service in the clinics or at patients' homes, (e) a field nursing service chiefly for case finding and home nursing, (f) a publicity service, including the issuing of news-

paper articles, the provision of public health lectures and the distribution of popular health literature.

In maintaining these services, the Bureau of Tuberculosis has the co-operation of the other bureaus of the Cattaraugus County Board of Health. The nursing service, for example, is an indispensable aid in bringing under supervision a large number of contact cases. There were 343 cases of tuberculosis on the records of the County Department of Health on December 31, 1924. There were fifty deaths from tuber-



The school medical examinations have proved a valuable source of information leading to the discovery of children afflicted with tuberculosis. The Director of the Bureau of Tuberculosis estimates that there are approximately 2,000 school children between the ages of five and fourteen in the County who should be under careful medical supervision because of underweight or other conditions which might make them susceptible to this disease.

culosis during the year 1925. An effort is being made to get all contacts both of active cases of tuberculosis and of those who died from this disease during the past ten years, to arrange for examinations by their private physicians, at intervals of every six months. This work of following up contacts and suspects has been assigned to the nursing service.

For guidance in the classification and supervision of existing cases of tuberculosis, there have been adopted the "Diagnostic Standards for Adults," issued by the medical service of the National Tuberculosis Association and the "Diagnostic Standards for Children," outlined for use in the Framingham Community Health Demonstration. These data were re-

cently issued in the form of a manual, copies of which were distributed to all of the physicians and nurses in Cattaraugus County*. The "Sanatorium-Home Standards of Treatment" † recommended by the American Sanatorium Association, with such modifications as are necessary to meet individual conditions, is used as a standard for home supervision. These standards have been referred to elsewhere.‡

All known cases of tuberculosis are reclassified every three months. Most of the persons in the arrested group are working and need only advisory follow-up supervision with periodic examinations. The quiescent and arrested cases, however, need careful and constant supervision. The classification of individuals in this group is constantly changing, re-activation or prolongation of a symptomatic period frequently changing the status of a given case.

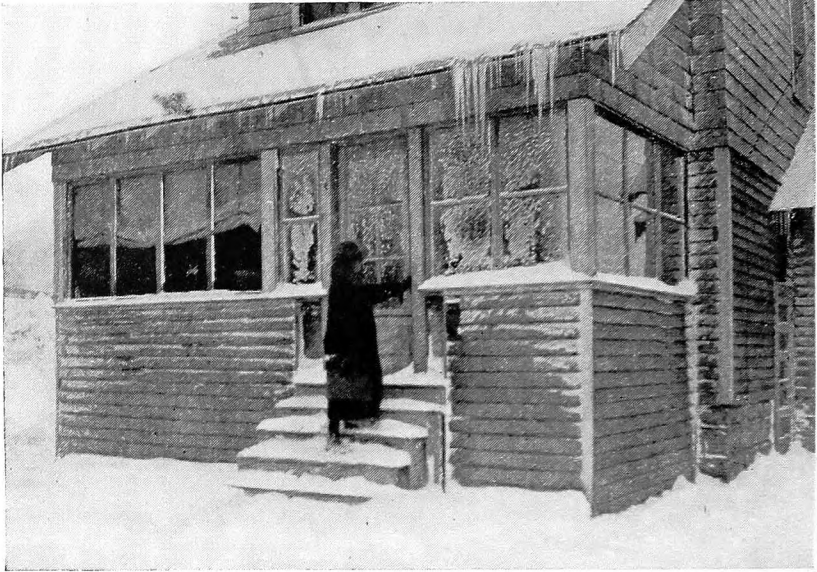
Many of the existing cases of tuberculosis have been found through the consultation service maintained by the Tuberculosis Bureau. This service is made available to the physicians of the County, either at their offices, in the homes of their patients, or at the tuberculosis diagnostic clinics operated by the Bureau. There has been increasing use of the clinical and consultation services since they were inaugurated, many physicians in the County having referred patients to the clinics for examination.

Not only does the consultation service result in diagnosis of previously undiscovered cases of tuberculosis, but many other conditions are diagnosed which by their symptoms simulate tuberculosis. Such cases include pneumonia, pleurisy, with and without effusion, empyema, bronchiectasis, pulmonary abscess, and other similar conditions.

*Home Treatment Standards for Tuberculosis Patients, Cattaraugus County Department of Health, Olean, New York, 1925.

†Pattison, H. A., "Sanatorium-Home Treatment Program for Tuberculosis Patients." *American Review of Tuberculosis*, Vol. VI, No. 4, June, 1922.

‡Milbank Memorial Fund *Annual Report*, 1924, pp. 42-43.



The nursing service in Cattaraugus County is generalized in character, one nurse having charge of all the varied cases of sickness within a limited district, but a special supervisor in each of the various fields of medicine is available for consultation when special advice is needed. The nurses' work in the control of tuberculosis is carefully supervised by the Director of the Bureau of Tuberculosis.

Insofar as there are beds available, institutional care is urged for active cases of tuberculosis, particularly where there are adolescent contacts. Sanatorium treatment is primarily for the purpose of education. After a period of instruction and training, such cases are returned to their homes, where they are treated under the supervision and control of the nursing service of the Board of Health. An effort is also made to separate children from adult open cases, whenever possible. Where the adult refuses sanatorium treatment, it is advised that any contacts who are children be placed in separate homes. It is sometimes impossible to convince tuberculosis parents of the danger of infecting their children and of the advisability of placing them under hygienic surroundings. The section of the sanitary code regarding the compulsory hospitalization of incorrigible tubercu-



The Bureau of Public Health Nursing in Cattaraugus County at present includes a director, two special supervisors and twelve field nurses. These twelve field nurses made approximately 14,000 visits to patients during the first eleven months of 1925. In addition to their work in the special fields of hygiene, the nurses do some bedside nursing, and are responsible to a large extent for the attendance at the various clinics; for nursing service at the clinics and for helping in the public health education program.

lous patients has not been enforced in the County in the past.

In 1925, there were eighty-three patients admitted to the County Sanatorium at Rocky Crest, and a total of 129 cases treated there during the year. During 1924, the same number, eighty-three, were admitted to the institution, and a total of 120 treated. There have been relatively fewer far-advanced cases of tuberculosis in the Sanatorium during 1924 and 1925, than in the earlier years of the institution's history. In 1917, for example, twenty-nine of the total fifty-three patients treated at the institution were adjudged to have been suffering with tuberculosis in a far-advanced stage. Among the 129 patients treated in 1925, there were only twenty-three far-advanced cases.



Many private physicians in Cattaraugus County have availed themselves of the consultation service of the tuberculosis specialist employed on the staff of the County Department of Health. This consultation service, taking place in the physicians' offices, in the homes of patients and in the clinics, has proved a valuable aid in the treatment of a number of active cases.

With the discovery of increasing numbers of previously unrecognized cases of tuberculosis, as a result of the case-finding campaign, it became apparent that the Sanatorium, with its limited bed capacity, could not be expected to give treatment to all of the cases located. Accordingly, a plan of home treatment and supervision which would include all known cases was put into effect in January, 1925. This plan embodies three classes of treatment.

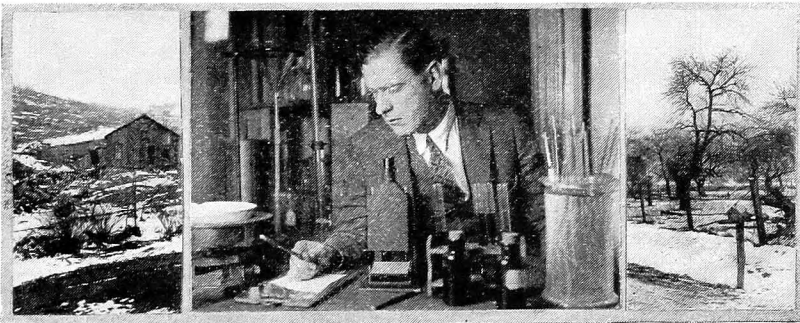
1. *Sanatorium Home-Treatment.* This involves the treatment in their homes of active cases of tuberculosis in the first and second stages of the disease, who have had at least three months' treatment and training in a sanatorium, who agree to co-operate with their physicians and the district nurses, and whose home environment is considered favorable for home treatment.

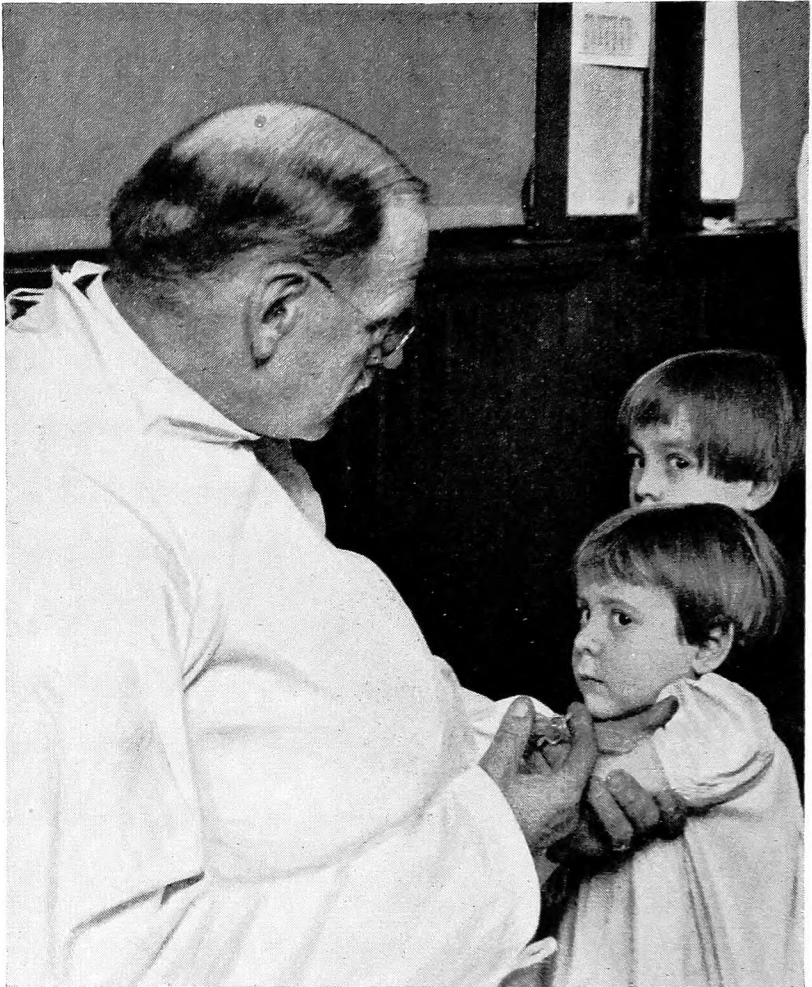
2. *Home Treatment.* This involves the treatment in their homes of patients whose qualifications are similar to those outlined under (1), save that they have no preliminary sanatorium treatment and training.
3. *Home Supervision.* All other tuberculous cases, and those in the first and second stages of the disease, to whom for one reason or another the conditions above stated are not applicable, are placed under supervision in their homes.

The home treatment work is supervised by the supervising tuberculosis nurse who is responsible for the carrying out by the district nurses of the plan of home visiting and examination outlined in the following schedule:

1. All active cases to be visited weekly and examined monthly.
2. All quiescent cases to be visited monthly and examined monthly.
3. All apparently arrested cases to be visited bi-monthly and examined bi-monthly.
4. All arrested cases to be visited every three months and examined every six months.

Children who are found to have tuberculosis in an active stage are undergoing sanatorium treatment or home treatment. Most of the children in Olean found to have evidences of hilum tuberculosis are attending the open-air school there.





FOR THE ERADICATION OF DIPHTHERIA, there are three essentials. The first of these is a sufficient supply of toxin-antitoxin; the second, a sufficient number of willing physicians; and the third, a sufficient number of willing parents and children.

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