

SAN FRANCISCO'S TUBERCULOSIS CLINIC

INCIDENTS AND RESULTS OF A YEAR OF CAMPAIGNING AGAINST THE GREAT WHITE PLAGUE

PHYSICIAN EXAMINING PATIENTS AT TUBERCULOSIS CLINIC

By Lucy B. Fisher

A GENERAL, when planning an attack upon the enemy, selects a vantage point, marshals his forces and then gives his command to fire. A campaign against that foe to the human race, the bacillus of tuberculosis, needs to be planned with the same strategic skill if it is to win a decisive victory.

The San Francisco Association for the Study and Prevention of Tuberculosis mapped out its campaign against tuberculosis a year ago with the same care that a general would give to his plan of army maneuvers. The part of the plan that required much thought was the basis on which to organize the tuberculosis clinic. Several forms of organization were carefully considered and men on the Atlantic coast, who had made a national reputation for themselves on the social study of tuberculosis, were consulted. The wisest among them said: "You must be governed entirely by your local conditions, and for this reason no one can decide the question for you." The basis of organization was finally sifted down to two definite plans, which were submitted for consideration to the several medical bodies in the city.

The first plan was the establishment of a tuberculosis clinic in each medical college, which would be under the jurisdiction of the hospital and dispensary committee of the tuberculosis association. The second plan was the formation of a central clinic which would have representatives from the several universities as its clinicians. The latter plan was chosen, after careful deliberation by the medical department of the University of California, Cooper medical college and Mt. Zion hospital.

One Clinic Best

The hospital and dispensary committee was greatly influenced in its final decision of the basis on which to establish the clinic by this choice of three important medical bodies. It was also convinced that the focusing of the tuberculosis work at its inception by the establishment of one representative clinic would attract more public interest than the diffusion of the work by the organization of several clinics.

A circular letter presented to the community the second week in January announced the opening of the clinic January 18 at the Telegraph Hill neighborhood association, 1734 Stockton street, and it also definitely outlined the plan of structure on which the clinic was to build its work in the following paragraphs:

The community has, for a long period, realized the necessity of centralizing the tuberculosis medical work. The reasons for this are obvious and the tuberculosis clinic will be started:

First—On the principle that concentration of effort will logically produce greater results than the dissipation of effort and the diffusion of an enterprise in many directions.

Second—In order to establish an intelligent system by which the physician's directions to his patients may be executed as without such a system the work of a tuberculosis clinic is futile. This system will comprise in it a staff of nurses, who will not only fulfill the function of visiting nurses, but act as social workers by going into the homes of the patients and enforcing sanitary regulations, which will protect the patient, the family and the community from the infection of tuberculosis. The nurse will stimulate the patients to fulfill the doctor's instructions and will make every effort to procure financial assistance for the patients who otherwise could not carry out the doctor's orders. The nurses will work in close co-operation with the board of health by reporting all insanitary surroundings and all cases of tuberculosis and all removals of patients so that the vacated premises may be disinfected.

Third—In order to have an educational center for the prevention and cure of tuberculosis. This will be fulfilled by personal interviews with the patients in the clinic and in the homes and the practical demonstration of the use of sputum cups and paper napkins. The patients will not only be taught how to protect others from the infection, but what means to take to regain their own health. Leaflets of instructions will also be distributed to the patients and their families.

One of the greatest factors of the tuberculosis clinic will be the combination team of skilled physicians who are able to diagnose early cases of tuberculosis, and the nurses acting as scouts to send the possible cases from the homes they visit to the physicians at the clinic. These they will find largely in the family group where the snow-bred cases of tuberculosis exist.

The clinic has consistently adhered to this plan since its inception, which it is hoped the following facts will demonstrate.

The detail work in the construction of the clinic is considerable and several weeks were spent previous to the opening of the tuberculosis clinic in preparation for it. It was necessary to plan a system of records which would be comprehensive enough to include in every detail the structural plan of the clinic. The social history chart was made to correspond to the Associated Charities' code, for the obvious reasons that it would simplify the relief work of that and other organizations to forward the patient's history, and it would save the patient the fatigue and annoyance of a second interview. The daily journal sheets were printed in order to form a permanent record of the daily attendance at the clinic. The system of card filing shows the percentage of daily attendance at the clinic, for, besides the regular card index, a second file is kept which classifies the patients' names, according to their clinic day. It is a simple matter, by referring to the file, to lay out the patients' histories for the day's recording.

The medical chart has an indicated space for recording the temperature, pulse, respiration and weight of the patients on the days they visit the clinic. This also serves to record on the chart the date of each patient's visits. The medical chart has an indicated space for the throat examination which makes the absence of such an examination directly obvious.

A sheet with ruled lines to record the nurses' visits to the patients, relief given and general remarks, is attached to each record. Under "general remarks" are recorded reports to the board of health of all cases of tuberculosis, insanitary premises and the removal of patients so that the premises may be disinfected.

Cards of recommendation for treatment, with a designated space for diagnosis, are taken and signed by the physicians and attached to the cases. Duplicate copies are made out by the nurses for relief societies to which the patients are referred. The cards are of positive value to these societies, as they give definite information regarding the relief needed and the patients' physical condition. They are of value also to the nurses, as they have the physicians' instructions relative to the treatment necessary for the patient.

A large map of the city has been mounted and numbered pins, which correspond to the numbers on the history charts, have been placed in the blocks where the patients live. This is a graphic method of showing the number and location of the tuberculosis patients and also simplifies the directing of the nurses' visits.

This system seems elaborate, but no part of it in its execution has proved to be dispensable. The system means a large amount of clerical work for the nurses, which it does not seem practicable to delegate to any one else. The hours spent by the nurses at the clinic include many other duties besides the clerical work. The temperature, pulse, respiration and weight of each patient are taken and the new patients given paper napkins, paper bags and pocket sputum boxes and are carefully instructed in their use. The "don't spit" cards are also given them to supplement the nurse's teaching. This instruction of the patients by the nurses in principles of protecting themselves, their families and the community from the infection of tuberculosis is the ground work of the clinic's activities and is a powerful sociological factor, as it will inevitably react upon the health of the entire community.

But without the visits to the homes of the patients the nurses' instructions are about as fruitless as the seed of the sower that fell upon the rocks and among the thorns. She must see the home conditions under which the patient is living and give the family the benefit of her social training in the reorganization of the home, so that the patient's recovery and the protection of the other members of the family may be made possible.

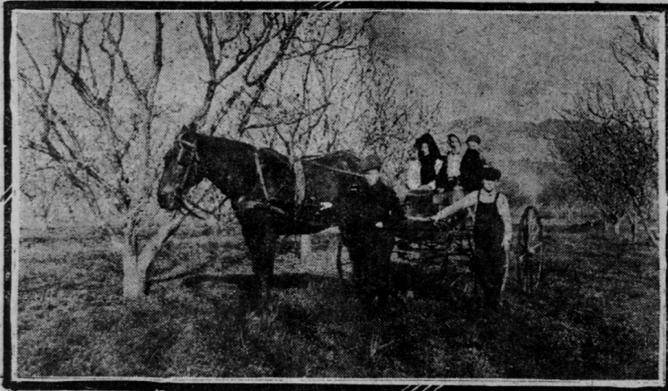
With but few exceptions the families visited by the nurses from the tuberculosis clinic have found the nurse to be an important asset in their recovery, because she has shown them the necessity and the way properly to reorganize the home. But without a relief fund back of the nurses this process can only be partly effected. Fortunately this handicap has not been put upon the clinic work, as the Associated Charities and the Hebrew board of relief have been able and willing to respond to the constant demand made by the doctors and nurses for relief for their patients and the patients' families.

The following histories demonstrate the process of the reorganization of the home and the amount of money necessary in these instances to effect it:

The first history shows forcibly the necessity of the reorganization of the home conditions in order to make the patient's recovery possible. The patient is a young and extremely pretty married Spanish woman with a husband and baby boy of two years. She had received a small amount of as-



TENT COLONY AT CITY AND COUNTY HOSPITAL WHERE CLINIC PATIENTS FROM LODGING HOUSES HAVE BEEN SENT



IN THE ORCHARD AT THE SAN JOSE FARM



ACCUMULATED FILTHY BEDDING'S CAUSE OF CONSUMPTION



A PATIENT WHO IS REGAINING HEALTH IN HIS OWN BACK YARD

istance from the Associated Charities previous to being referred by that organization to the clinic. The physician's examination showed that she was a far advanced case of tuberculosis with a bad prognosis. The nurse found on her visit to the home that the young woman was living in a veritable hornet's nest and was, in consequence, suffering from a constant nervous tension. The family consisted, besides herself, of her father, a young brother of 18, her husband and her child of 2 years. The cause of the family disorganization was dramatically disclosed to the nurse by the patient flinging open a closet door, which revealed half a dozen kegs of wine, and saying: "My father drinks a gallon a day of that wine; is it any wonder that he is ugly and makes us all miserable?" The husband was ill tempered in consequence of the drinking propensities of the father in law and out of tune with matters in general, which probably accounted for his being out of work.

Saving a Family

It was perfectly apparent that a radical change in the home conditions had to be made for the good of the patient and her husband and child. The woman, after much difficulty, was persuaded to give up her baby temporarily and let the Associated Charities' board of relief take care of the child, which would give her a chance to rest and protect the baby from the possibility of infection. The husband was told to look for rooms in a healthy locality, so that he and his wife might be by themselves. Money was given them for the moving, the first month's rent and the necessary furniture. Two quarts of milk were sent to her daily for a period of five weeks. The cost of this revolution so far amounts to \$165.

It has proven to be a wise expenditure, as the child is being protected from the infection, the husband is supporting the wife and the patient has made surprising progress toward recovery. She has gained 13 pounds in five months, her cough has almost entirely ceased and her physician now pronounces her prognosis good. The medical treatment she received of tuberculin injections would have been probably useless without this material aid.

The next history illustrates not only the reorganization of the family, but the number of agencies to which the social work of the nurse is related. The patient in this family was the mother, who was incurably ill with the disease. Her husband was a confirmed drunkard and had not supported the family for years. The nurse found the patient sleeping in a room 8 by 10 with her husband and three children. The three children slept in the bed with her and the father on a cot. The case was reported to the board of health for registration, for insanitary premises and

later for disinfection. Two of the children were working in a box factory. The nurse called for them and took them to a doctor's office for examination, and one was found to have the disease. The mother refused to let the child go to the country, and her consent was not obtained until she was threatened with the Society for the Prevention of Cruelty to Children. The child was sent to Miss McClay's farm at San Jose, where he made good progress and would have completely recovered if his lack of home discipline had not made his stay there impossible.

The woman after much effort was persuaded to go to the city and county hospital, where she died. After her death the children were committed by the juvenile court to the care of the Children's Agency. In this case the tuberculosis clinic, the Society for the Prevention of Cruelty to Children, the board of health, the city and county hospital, the juvenile court, the Children's Agency, the Associated Charities and the farm in the country were all needed to complete the social work done for the family.

The third history is that of a thrifty, self-respecting Swiss with a family consisting of a wife and four children. It

to the time of visiting the clinic this man had never been given relief. The physician who examined the patient pronounced him to be in the second stage of the disease, with a favorable prognosis if complete cessation from work could be made possible. As the man's wages were his only resource, this would mean the complete dependence of the patient and his family upon a relief organization for a period of six months or a year. The thought of dependence was abhorrent to the man, and he refused at first even to consider it, but he was shown that only by accepting this temporary period of dependency would his family be saved from the condition permanently, a condition which would mean a much heavier burden to a relief organization. He finally yielded to this argument and gave up his work of bootblack, which brought him in an income of about \$1.50 a day. A grant of money was requested from the Associated Charities for the family to cover a period of six months' care. The sum of \$400 was granted, and the Swiss benevolent association was requested to give \$7 a month, which would cover the cost of the eggs and milk used by the patient. This help was

also granted.

The nurse found that in the home the patient was sleeping with one of his children in an ill ventilated room. The tent was purchased out of the money granted, and also a steamer chair for day use. Three quarts of milk a day were ordered, so as to allow two quarts for the patient, and two dozen eggs a week were ordered for the patient's exclusive use. Meat and grocery orders were sent.

General instructions were given the family regarding the preventive measures necessary to be enforced, such as the separate dishes for the patient, the burning of all sputum and the danger of the contact by kissing. The patient was urged to make use of the adjacent park during the pleasant hours of the day.

The children were all examined by the clinic physicians for possible tuberculosis. No definite signs of the disease were discovered, but the children were all considered delicate and in need of special care. The throat specialist found that three of the children needed operations for enlarged tonsils and adenoid growths. Arrangements were made for these operations to be performed at a private hospital, and after the operations the children were sent to Hill farm. A serious mastoid operation was performed on one of the children later.

What It Cost

The money expended on the maintenance of this family for 14 weeks amounted to \$120. It included the cost of the tent, steamer chair, 332 quarts of milk and one month's care at Hill farm. To balance this expenditure is a gain in weight of the patient of 9 1/2 pounds in the 14 weeks, a decrease in the cough and a decided improvement in his physical condition. The protection of the family from the disease by the revised sleeping arrangements; by the increased resistance of the children to the disease through the removal of nasal and throat obstructions and by the trip to the country.

Abundant food, abundant air, abundant rest is the slogan of the present world wide tuberculosis campaign. This medical prescription is costly and not to be compared in expense to the obsolete treatment which was confined to drugs and continued dependency until death claimed him. In consequence of this revolutionized treatment, adequate financial help for the tuberculosis poor in any community must insure a large and favorable slice of the total bulk of relief it apportions to the poor of its city.

Frequently the patient is the wage earner with a family of indeterminate size dependent solely upon his wage for support. The loss of it rudely thrusts not only the patient but his entire family into the dependency line. The family is forced to remain there during the indefinite period that corresponds to the slow progress of the disease toward either recovery or death. In the latter outcome the enforced dependency must remain static until the children reach the wage earning period.

Proper sanatoria for early cases which belong to the homeless, lodging house cases or to that class which can not be properly cared for at home mean a significant monetary output.

The theory that the care of the tuberculosis poor is expensive may be accurately demonstrated by figures expressed in dollars and cents. In order to do this it is not necessary to cite expenses entailed for more than one group of patients which has been assisted at the tuberculosis clinic of the San Francisco Association for the Study and Prevention of Tuberculosis.

The financial report of relief for the above group covers a period of only 21 weeks, which dates from January 18 to June 5, 1909.

The total number of patients that have applied for medical care in that period is 163. Out of this number 27 patients, or one-sixth of the total number, have been given monetary assistance. As it was necessary to help not only the patients, but their dependent families, the total number of people financially helped is 66. The amount of money expended on this group in only 21 weeks was \$1,677.02. The number of weeks each patient was cared for total 187.

Eight hundred and fifty-two dollars and sixty-three cents (\$852.63) or about 50 per cent of the total amount was given to patients referred by the Associated Charities to the clinic and the balance of \$824.39 was given to the patients who were directed to the clinic from other sources. The items of expenditures include, besides general maintenance, 1,886 quarts of milk, the building of three porches, the completion of two homes, the board of a baby in a private family in order to protect it from a tuberculous mother, hospital board of three patients, board of 10 patients in the country, three steamer chairs and beds and bedding.

As the tuberculosis association has a relief fund of its own the co-operation of relief societies was solicited. The Hebrew board of relief contributed out of the total amount \$153.35;

St. Vincent de Paul society, \$22.19; Swiss relief, \$22.40; German benevolent, \$54, and the Associated Charities, \$1,409.17.

In making an estimate of the amount of money needed for relief measures during the ensuing year two factors must be included in the calculation. The first is that the number to be cared for is cumulative like the snowball which is rolled on the snow's surface and keeps growing bigger during the process; for the addition of a new patient needing relief does not necessarily mean that one or two others may be dropped. On the contrary, the probabilities are that assistance to them must be continued and that the ball of relief will steadily grow.

The other factor to be considered is that in proportion to the increased attendance at the clinic there will be an increase in the number of patients needing pecuniary aid. A conservative estimate based on this calculation would mean the need of \$10,000 for a relief fund to be used in the ensuing year.

The educational campaign in the prevention of tuberculosis may partly account for the fact that out of the group of 163 patients that applied to the clinic for medical care in the interval between January 18 and June 5, 63 patients showed no signs of tuberculosis. This group evidently wished to be on the safe side and learn definitely whether the cough and run down condition signified anything serious. Eighteen patients in this group were given a definite diagnosis of either bronchitis, asthma, anemia or some other disease and were referred to general clinics.

Seventy-four patients were definitely diagnosed as being tuberculous. These patients are almost evenly divided among the incipient, moderately advanced and far advanced cases, which is the classification established by the National Tuberculosis Association.

Twenty-three cases in the first group, 26 in the second and 21 in the third. Four patients were not classified. The fact that so many early cases placed themselves under medical supervision is one of the most encouraging features of the clinic's work. The general lament on the eastern coast is that the majority of the patients do not apply for medical relief until it is too late to effect a cure. No separate work was made on 21 cases. Several in this group were markedly far advanced cases of tuberculosis and were referred by the clinicians directly to the city and county hospital. A few patients have been referred to private physicians and four gave false addresses, so could not be followed up by the nurses. The one visit at the clinic was not sufficient to complete the diagnosis.

Many Child Victims

Thirty-nine members of tuberculous families have been examined. About 90 per cent of this number examined were children. Thirty-five were non-tuberculous, so no separate work was made of the examinations. This number should be added to the number of recorded histories in order to give an accurate estimate of the amount of clinical work done. This makes a total of 193 examinations.

One hundred and sixteen throat examinations have been made by the throat specialists.

Twenty operations for adenoids and enlarged tonsils have been recommended by the specialists. Eighteen of the number recommended to be operated upon were the children of tuberculous parents, and 13 have been operated upon at Hahnemann hospital. The city has borne the expense of the hospital care. The parents of the other five children would not give their consent to the operations.

The good that must result from this simple surgical operation on 13 children is indisputable. The conversion of a mouth breather into a nose breather by the removal of an obstruction in the throat means the conversion of a delicate and sometimes abnormal child into a healthy, normal one, and reduces the possibilities of infection from the careful tuberculous parents to a negligible quantity.

There is a class of tuberculous patients which is a positive menace to the community and which the clinic is almost helpless to safeguard by protective measures without legislation. To this class belong the men who live in lodging houses and the vicious and ignorant patients who take an almost satanic delight in infecting others. Twenty-nine of the lodging house class were examined at the clinic. This class has the unrestricted use of the restaurants and saloons; and when one considers that every receptacle for food and drink that touches the lips of the tuberculous patients is a source of infection unless it is sterilized, the danger that this class presents to the public may be readily estimated.

The ignorant and vicious patients are not confined to lodging houses. A certain proportion of them have homes and children. One of the patients spat upon the floor of his home while the nurse was talking to him. His little nephew, an under nourished child, and his father lived with him. This was

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