

### 2. (d) *Milk-supply.*

Although, as far as the evidence goes, the type of bacillus responsible for pulmonary tuberculosis is the human type, careful supervision of the milk-supply is important. Some research work has been done, and goes to show that tuberculous infection in milk in New Zealand is low. Four hundred consecutive examinations of samples of milk in the Christchurch laboratory were negative. More of this work should be done. In the Auckland Hospital laboratory no regular examinations are made. Only nine samples of milk have been submitted by the Health Department for examination in the last two years.

### 3. *Education.*

Something is being done by the Health Department and at the tuberculosis dispensaries to educate the public. Leaflets are distributed, children are instructed by the school medical nurses, lectures are given in sanatoria, health columns are contributed to the press, notices pointing out the danger attending expectoration are affixed in railway-stations. This is commendable; but a more determined, more extensive and concerted effort should be made to impress upon the public the facts that pulmonary tuberculosis is a preventable disease if certain simple precautions are taken, and a curable disease if persons are not misled by its insidious onset and will co-operate whole-heartedly in the treatment prescribed.

“Perhaps at the moment the directions in which public education is most urgently required are—

- “(i) As to the vital importance of seeking skilled advice at the earliest possible moment if there is the slightest suspicion that the lungs may be affected.
- “(ii) To accept treatment at once when the tuberculosis officer or other medical authority discovers signs of pulmonary tuberculosis, instead of waiting until the disease has diminished working-capacity.
- “(iii) To persevere in sanatorium treatment so long as advisable, instead of returning to work as soon as obvious signs have disappeared. One of the greatest educational forces at present available to the tuberculous patient is the sanatorium. Residence in such an institution affords the opportunity to instruct the patient as to the routine of life which will conduce to his own recovery, and enable him to avoid being a danger to others.” (Sir George Newman.)\*

## B. MEASURES FOR ERADICATION.

### 1. *The Medical Profession.*

The following quotations express the views of the Committee:—

“In the forefront of the campaign against tuberculosis stands the general practitioner. It is on him we must largely depend to bring the tuberculous person within the scope of the tuberculosis scheme at the earliest stage, and to impress on the patient the urgency of taking prompt steps on the first appearance of any signs indicative of tuberculosis, and the prevention of its infection.” (Sir George Newman.)†

“The Departmental Committee on Tuberculosis is of opinion that it is of primary importance to the lasting success of any scheme for dealing with tuberculosis that it should enlist the hearty co-operation and stimulate the interest of the general medical practitioners of the country. Their intimate personal relations with patients and their influence in the homes of the people are forces which should be actively enlisted in the campaign against the disease as aids to securing its early recognition and methodical treatment, as well as in promoting the effective after-care of cases of tuberculosis, and in encouraging those healthy habits of life which are so essential to building up the powers of resistance to the disease.” (Report of the Departmental Committee on Tuberculosis.)‡

“A last word on the subject of tuberculosis to the general practitioner. The leadership of the battle against this scourge is in your hands. Much has been done, much remains to do. By early diagnosis and prompt, systematic treatment of individual cases, by striving in every possible way to improve the social condition of the poor, by joining actively in the work of the local and national anti-tuberculosis societies you can help in the most important and the most hopeful campaign ever undertaken by the profession.” (Osler and McCrae.)§

In New Zealand the medical profession as a whole is keenly interested in the diagnosis and treatment of pulmonary tuberculosis. Opportunities for diagnosis come first to the medical practitioner, and a large number of patients elect to be treated by him. It is harmful to the cause to assume that the diagnosis and treatment of pulmonary tuberculosis is a matter for the specialist only. Rather should effort be made to afford the general practitioner opportunities for keeping himself conversant with advances made in the study and treatment of the disease, and this can be done best (as indicated in Section V) by admitting patients for investigation and for special treatment to beds reserved for them in the general hospitals.

The British Medical Association in each centre might assist by devoting one meeting of the winter sessions annually to the discussion of various aspects of the tuberculosis problem, and to the demonstration of cases and diagnostic methods.

\* Annual Report of the Chief Medical Officer of the Ministry of Health for the Year 1925, p. 83.

† *Ibid.*

‡ *Ibid.*

§ Osler and McCrae: “The Principles and Practice of Medicine,” 9th ed., p. 231.