

# Beating T. B. --- A Deadly Public Enemy

## LUNGS, BONES ARE LAIRS OF THREADLIKE T. B. MICROBES

Tuberculosis is not inherited. A certain kind of germ causes tuberculosis. Like all germs, these are living things, tiny plants, that are related to the family of plants and molds. Because they make people sick, they are called pathogenic; because of their shape, they are called bacilli. The scientific name in case you're interested, is *Mycobacterium tuberculosis*, the thread-shaped plant which causes the disease tuberculosis.

When the little mold-like plants we call tuberculosis germs make a home in a human body, they usually set up housekeeping in the lungs. One of three things can happen:

1. A healthy body will kill all germs, especially if their number is small. A force we call body resistance is on the job at all times getting rid of dangerous germs. Many people are not aware that they have fought a round with tuberculosis germs and have come out the winner. The X-ray picture shows the old scars of this battle.

2. The body is not always able to kill all the tuberculosis germs. Millions of grown-up people have colonies of living tuberculosis germs in their bodies. The body and the germs have signed an armistice. The body awaits the chance to kill the germs and the germs wait for a chance to overcome the resistance of the body.

There is no way of finding out whether all the germs have been killed, so it is a good idea to talk things over with your family physician. A modern doctor will have you X-rayed. If there are spots which show old healed tuberculosis he will neither make light of the X-ray findings nor will he unduly alarm you. You may live to a ripe old age without ever having to fight tuberculosis again. A complete physical examination each year by your family doctor, who will advise you when to be X-rayed again is your best protection.

How often X-rays should be taken is a matter to be decided by your physician.

3. Real trouble begins when either body resistance breaks down or when the germs get reinforcement from the outside. Then the germs begin to multiply in number. They feed on the substance of the body and throw off poisons which make the body feel sick. After a while, the person begins to cough, lose weight, may spit up blood and show signs of tuberculosis. But long before a man or woman knows that the germs are doing their work, the X-ray can show trouble in the lung.

Chest X-rays are the best way of finding tuberculosis in the early stages.

Under the direction of the Provincial Board of Health, Division of Tuberculosis Control, a branch tuberculosis clinic is maintained at the Health Unit. Cases referred by private practitioners are examined and contacts investigated. The Tuberculosis Travelling Clinic, under the direction of Dr. A. Hakstian of Vancouver, visited Prince Rupert in February and again in August, at which times some 500 persons were examined in 1944, at public expense. Between visits of the Travelling Clinic, an arrangement with the Prince Rupert General Hospital has been made whereby persons are examined. In 1944, 444 persons were X-rayed at the hospital as a cost of \$2 each to the Division of T.B. Control.

This year Prince Rupert will be fortunate in having the visit of a mobile Tuberculosis clinic, which will spend two months in the area between Prince Rupert and Burns Lake, making a mass survey. The mobile unit is a truck with modern trailer and is equipped to take and develop the new miniature films. It is hoped that as many people as possible will avail themselves of the opportunity for a free chest X-ray.

## REGULATIONS FOR ISOLATION AND QUARANTINE

### Rubella (German Measles)

Period of communicability — from onset of early symptoms before appearance of typical rash, for at least four days, but not more than seven days.

Incubation period—from 12 to 21 days.

Isolation of patient—seven days from onset of symptoms.

Quarantine of Contacts—none.

### Chicken Pox

Period of Communicability — from 6 to 10 days after appearance of first crop of vesicles. Especially communicable in early stages of the eruption.

Incubation period—from 14 to 21 days.

Isolation of patient — for ten days.

Quarantine of Contacts—none.

### Mumps

Period of Communicability — beginning at least one or two days before development of distinctive symptoms and persisting no longer than the swelling of a salivary gland.

Incubation period—from 12 to 26 days—18 to 21 days more commonly.

Isolation of patient—until the swelling is gone.

Quarantine of Contacts—none, if inspected daily by an authorized person.

### Measles

Period of Communicability — from four days before to five days after appearance of typical rash.

Incubation period—two weeks.

Isolation of patient—seven days and until discharges cease.

Quarantine of Contacts—when disease prevalent; none. Sporadic cases: strict quarantine of immediate contacts.

### Scarlet Fever

Period of Communicability—a minimum of 3 weeks from the onset of the disease, and until all abnormal discharges have ceased.

Incubation Period: 2 to 7 days.

Isolation of Patient — a minimum of 3 weeks, and until discharges cease.

Quarantine of Contacts—children: 7 days.

### Whooping Cough

Period of Communicability — particularly communicable in the early stage before clinical diagnosis possible—to 3 weeks after onset of typical cough.

Incubation Period—7 to 10 days.

Isolation of Patient — for 3 weeks after appearance of typical symptoms.

Quarantine of Contacts — infants and preschool children: 2 weeks. Others: none, if inspected regularly by an authorized person.

### Diphtheria

Period of Communicability — variable — until organisms have disappeared from the secretions. Usually two weeks.

Incubation Period—usually 2 to 5 days.

Isolation of Patient—2 weeks; and until two nose and throat cultures negative, 24 hours apart.

## Three Functions of Provincial Board of Health Are Outlined

(By DR. G. F. AMYOT, Provincial Health Officer)

The functions of a Provincial Department of Health flow along three main channels, namely, (1), the provision of specialized, and consultative services which cannot be developed economically on a local basis; (2), the stimulation of the development, maintenance and expansion of adequate local health services, and (3), the provision of sound advice and co-ordination in all matters related to the public health.

In regard to the first of these functions, the Provincial Board of Health in British Columbia has already provided for the people of the Province a broad and well developed series of technical and consultative services. These are provided through its Divisions of Tuberculosis Control, Venereal Disease Control, Laboratories, Vital Statistics and Environmental Sanitation.

## FINE HOSPITAL BEING PROVIDED FOR TREATMENT OF TUBERCULAR NATIVES

A fine 150-bed hospital for the treatment of tuberculosis among Indians of northern and central British Columbia will shortly be in operation near Prince Rupert. Thereby the already hard-pressed general hospitals of the area will be relieved of a considerable number of cases, and there will be a more co-ordinated and specialized type of treatment accorded for the benefit of the sufferers from this particular malady.

The Department of Indian Affairs has acquired a hospital which was built at Miller Bay, near Galloway Rapids, a few miles out of Prince Rupert, on the Skeena River Highway, by the Department of National Defense, during the Pacific war emergency of 1942, and for which it is now felt there will be no need from a defense standpoint.

The hospital will be used primarily as a sanatorium for the treatment of tuberculosis among the natives, and will serve the northern portion of British Columbia. One wing, however, is being reserved for the treatment of general medical and surgical cases from Prince Rupert and district.

Quarantine of Contacts—5 days and until nose and throat cultures negative. Placards are posted for Scarlet Fever and Diphtheria, not for German Measles, Mumps, Measles, Chickenpox or Whooping Cough, except under special circumstances.

However, because these services are organized on a Provincial basis, it is necessary to have some outlet in the local communities of the Province to bring these specialized services to the people and also to tap the services in the most effective manner. The local outlets are best provided through the medium of a Health Unit. This is the second function of the Provincial Board of Health and has been an expanding one in British Columbia until today there are six full-time local Health Units in the Province outside of the Greater Vancouver Metropolitan Health area.

A Health Unit is a modern, full-time local health department, staffed by full-time trained public health personnel, and is accepted by public health authorities as the most effective answer to the problem of providing adequate local health service within the means of the local taxpayer. It should be pointed out that a health unit is not a branch of the Provincial Health Department, and is, as has been mentioned above, a local health department supported by the taxpayers in the area which it serves. Toward the cost of the Health Unit, substantial grants-in-aid are provided by the Provincial Board of Health. The monetary contributions required from the local communities to provide the full-time Health Units are in most instances very little more than that previously spent to provide inadequate and antiquated part-time health services with which these communities had been served in the past. The health program available under the Health Unit is so far in excess of that provided by the former type of service that many times the value is received for the money spent.

Because a Health Unit is a local department, it is obvious that the effectiveness of the health program carried on by the public health personnel depends in the final analysis on the support and the co-operation given by the people of the community served. This requires and demands an appreciation and understanding on behalf of the people of the health problem in their area as determined and presented by the Health Unit Staff, followed by a desire and willingness of the people to work together toward the solution of these problems for both the direct and indirect population and improvement of the health of their community and its various components. This requires an enlightened public opinion, and for this reason one of the chief activities of the Health Unit staff is public health education in order to acquaint the people with their community's health problems and the simplest and most practical method for their solution.

What is it? Who has it? What are the symptoms? What is it to me?

Tuberculosis is a deadly public enemy. Sometimes a subtle saboteur in that it works against you at first without detection, and then more openly comes bolder.

You do not notice it at first. Then you start to feel tired all the time without any particular reason. Colds are caught easily. That cough hangs on. You see a doctor, perhaps, and then withhold some information from him. He gives you a tonic for a run-down condition. The mental suggestion may temporarily improve the situation. You feel better — for a while.

Then one day you're sick, and you know it. The doctor orders a tuberculin test or an X-ray, and you are told you have tuberculosis, in an advanced stage.

You are through working. You lose pep, feel tired all the time, are through enjoying life as a healthy man—or woman—should. You are another casualty in the long list of tuberculosis.

It may be years before you are back on your feet. You can do little to help yourself. Little for others.

That's tuberculosis and the result. Who has TB? Frankly, the health authorities don't know. That is, not until they examine you.

TB can attack anyone—it NEED not be you.

## PRINCE RUPERT IS BATTLING SABOTEUR OF NATIONAL HEALTH

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