

when I met Miss Noordyke, Peggy Moffatt and others connected with India. An evening at the Australian Club where I met many folk from "down under". Two evenings with Miss Florence Martyn when we went to a delightful musical play *Flower Drum Song*; and to Radio City, the largest theatre in the world, to see *Auntie Mame*, a very witty film. Several kind people have invited me to their beautiful homes for dinner. I enjoy so much meeting people in their own environment. Oh! lots of other nice things have come my way.

I leave for Boston on February 9th,

where I expect to meet Miss Lillian Bischoff. On the 15th, I fly to Puerto Rico, this is an addition to my itinerary and I am quite excited about it.

Oh! yes, the weather? I just do not understand why, with temperatures swinging about in the forties, twenties, and even falling as low as 7°F—I have not felt cold. I am *hot*, have discarded my woolies! Our American friends live a hot house existence. I think of how I have shivered at 28 Alipur Road during the winter. I have added this para to reassure my anxious friends at home.

I send you my greetings.

Tuberculosis

By

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Ignorance and fear play a major part in shaping one's attitudes towards disease. Many people feel that by ignoring or even denying the existence of a particular disease, especially in themselves, it ceases to exist. Inevitably, such a view must falter in the face of the obvious. This is especially true in the case of tuberculosis. Perhaps, it would be well to mention a few of the important features of the disease.

Tuberculosis has been known since the time of antiquity; evidence of it has been found in Egyptian mummies and in records attributed to Hippocrates, the Father of Medicine (460-370 B.C.). Many references to it can be found also, in the texts of ancient Rome. Fortunately, much progress has been made since that time especially after the discovery of the tubercle bacillus by the German bacteriologist, Robert Koch, in 1882. He demonstrated with the aid of a microscope that tuberculosis was caused by

a tiny organism, covered by a strong waxy substance which protects and also increases the difficulty in eliminating it. There are a number of types of tuberculosis germ, but we shall confine ourselves to two types—that found in man and that in cattle. This latter type is transmitted to man by the milk from tuberculous cows and can be killed by boiling or pasteurization of milk. The elimination of human type of bacillus presents a greater difficulty, and is one of the tremendous public health problems of our age.

In general, tuberculosis is transmitted to others by the inhalation of air-borne particles containing the tuberculosis germ. How do these germs enter the air? Chiefly, they enter it through the coughing, sneezing, and spitting of those persons affected with the disease. It is a simple thing to cover one's mouth or nose when coughing and to refrain from spitting in public places, but how many

people actually do so? The sputum of tuberculous patients is one of the chief sources of spreading tuberculosis. Although tuberculosis usually affects the lungs, almost every other organ of the body can also be affected. Anyone can contract the disease. No child has it at birth, but it is reasonable to suppose that a child who remains in constant contact with a tuberculous parent will soon be a victim of tuberculosis. Isolating the child from the parent until the disease process has been arrested will protect the child and help prevent the spread of the disease. Other factors influencing the spread of tuberculosis are malnutrition, overcrowding in quarters, poor sanitation, insufficient ventilation and faulty personal health habits.

One of the chief dangers of tuberculosis is its insidiousness—that is, the hidden way in which it attacks people. It often arises in apparently healthy people who exhibit no sign or symptoms. When symptoms do appear, it usually means the germs have been at work for some time. The initial symptoms may include: fever, rapid pulse, unexplained fatigue, loss of weight, digestive disturbances, night sweats and other constitutional symptoms. When any of these symptoms appear, a reputable doctor should be consulted. The earlier the disease is discovered and treated, the rapid and complete will be the cure.

The most important diagnostic tool employed by the doctor is the X-ray. By this means, small areas of disease in the lung can be visualized before any symptoms appear. Once, the diagnosis of tuberculosis has been confirmed, the ideal treatment is that provided in a tuberculosis sanatorium. Here, the patient follows a strict regimen of rest, good food, fresh air, and constant supervision of specially trained doctors and nurses. With the advance of scientific research, the doctor also has at his disposal some excellent drugs which shorten the course of tuberculosis. Most important of all, the patient will not have the added worry of spreading the disease among his own family or friends. Hospitalization will be necessary for a number of months, the number determined by the patient's

progress, until the disease process has been halted. After discharge, the majority of patients will be able to return to work and with proper precautions of adequate rest and good food and healthy living conditions, will continue to remain in good health.

Since this is such a long term illness, our energies should be directed first to its prevention. Sir William Osler, a great teacher of medicine, has said: "The battle against tuberculosis is not a doctor's affair; it belongs to the public." Knowledge presents the greatest barrier to its spread. Therefore, one of the greatest needs in any community is the education of its people by any means available—radio, newspapers, lectures, clinics, village gatherings. When people learn the causes of the disease, then they can begin to take corrective measures. Co-operation of every member of the community is vital to achieve any amount of success in eradicating a disease. The power of even one man to halt or spread tuberculosis is tremendous. A community plan that provides for medical and X-ray facilities will reap greater benefits in preventing than in curing the disease. Here in Jamshedpur, many of the companies have made such services available to their employees. When education, early diagnosis and X-ray, and treatment are available to everyone then we can begin to hope for a future in which tuberculosis assumes a very insignificant place in our town.

Some people will argue that the greater number of poor in our country can never enjoy proper housing and adequate food. How can they ever escape the disease? Even the poor, and of these there will always be many, can prevent the spread of tuberculosis by the means mentioned earlier—covering a cough or sneeze and refraining from spitting in public. The only cost will be one of personal inconvenience and sacrifice, a small price for so great a good. The disease cannot spread unless the germ is spread—this is important to remember. It is evident then, that everyone, rich or poor, old or young, employer or employee, can aid in destroying tuberculosis among our people.