

[Speaker 1]: See? That's all there is to it. He is done and on his way. [Speaker 2]: Well, you can see that that doesn't take too much time, too much of anybody's busy time, does it? [Speaker 1]: No, it's rapid. [Speaker 2]: Does that picture which the gentleman was taking there in the mobile unit, does that give you this big X-ray film that we saw in Dr. Phillips' office? [Speaker 1]: No, no, that is a different thing. In the unit which you were just watching operate there on the film, we take this type of chest X-ray in which we have, this is part of a roll of film, on just exactly one of those — [Speaker 2]: So, what you're holding out there would involve about four different pictures... [Speaker 1]: Yes, yeah, there are four on this section of film which you which you see there now and these are actually similar to the camera that you use on Sunday which automatically takes a picture of the x-ray screen when the exposure is made with the equipment there then it's processed and read by the, by the interpreters. Now in addition to this particular size we have a four by five film size which is for a little different type of application this for example is very handy to use in routinely x-raying all admissions to general hospitals which is one of our most productive methods of finding unknown disease then of course there you mentioned the film that Dr. Phillips used. You would make a large standard size 14 by 17 inch chest x-ray. [Speaker 2]: Three different size films are used in Michigan in this. [Speaker 1]: That's right, the small film of course is advantageous because of its rapidity in use, the automatic nature of the equipment, and also of major importance it costs so very little as compared to, for example, our larger sizes of films. [Speaker 2]: Well, do you use anything else, any other tests beside the film? [Speaker 1]: Oh, yes. We have a number of tests, and there is one which we think is of particular importance, and that is the tuberculin test using a tuberculin syringe in which we ... [Speaker 2]: Go ahead and show me how that works. Maybe you could show me right in my arm here. [Speaker 1]: Sure, I'd be glad to. Just pull up your sleeve and your forearm there that's plenty all we go is just stick this right below the surface of the skin the needle penetrates no more than just into the skin. We put in a drop of the material, we make a mosquito bite there, and that's all there is to it. It's so fast that we can do about 250 people an hour with it. [Speaker 2]: Well, are both systems used in Michigan, or is there any difference in the systems or where they're used or ... [Speaker 1]: They're used in both, uh, both can be used together or they can be used separately. It depends on the purpose and the group which is being examined. [Speaker 2]: This one would be a production business too then, as you say. [Speaker 1]: Yes, this applies best to school children and we can run the little folks through at quite a rate with this. [Speaker 2]: Well, Dr. Isbister, I want to thank you very much for your help on this of describing this business of the film. We've seen the approach to this and the nurses part and the patients part and now the the technical part of the films here. I want to talk to Mr. Worley, who has had a great deal of experience in tuberculosis in Michigan and I'm going to visit him right now. I want to say thanks again to you and I appreciate your help very much. [Dr. Isbister]: You're welcome. [Speaker 2]: How are you today, Mr. Worley? Mr. Worley: Fine, Mr Wyatt. [Mr. Wyatt]: This is, uh, Mr Theodore Worley, who is Executive Secretary of the Michigan Tuberculosis Association, and Mr. Worley in this Report in Health today, which has to do with tuberculosis, per se, I know that I couldn't talk with anyone who could help me more, and who has done much more for the people of Michigan and the American Tuberculosis Association than you. Now, I'd like to get right into this and on with it and this search for tuberculosis in Michigan I'd like to ask you a very pointed question: how successful is the search for tuberculosis in our state? [Mr. Worley]: The search for tuberculosis in Michigan is far from satisfactory. We would say that it's successful enough to save lives of those whom we do find with the disease, but it is not early enough to prevent the spread of infection. As you know, of course,

tuberculosis is caused by a germ which is given off from the lungs of the person who has lung tuberculosis. For example, the person with a cough coughs like that into his hand and then he comes to you and says, how do you do? Would you like to shake hands? Don't ever shake hands with a person who coughs in them. Now that's how tuberculosis spreads. You might wipe, you might shake hands with them, and you might wipe your mouth with a hand after you've shaken it and you've given yourself the disease. [Mr. Wyatt]: Well, that's all well and good, Mr. Worley, but wouldn't we know some way if a person had tuberculosis? [Mr. Worley]: There is no way of knowing except in advanced disease. When a person has become so ill that there isn't much chance for anyone to avoid knowing that he's ill, but in early tuberculosis there are no symptoms. The danger from this disease lies in that fact, for example, I'd like to draw your attention to a chart which shows the spread of disease from one case a woman, who was a kindly person, unaware of the fact that she had far advanced tuberculosis, became a babysitter in the homes of a very nice city in southern Michigan. In the course of a relatively short time, uh, 21 people became infected, 11 people had to go to the tuberculosis sanatorium... [Mr. Wyatt]: Now this chart shows the, the, the drawing from the lady there in the top and going down, and that second scene showed, showed the number that were infected. Now this goes on down to the next step... [Mr. Worley]: Exactly, and of those who were infected, 11 had to go to a tuberculosis hospital, and finally... [Mr. Wyatt]: That's the 11 in the dark ... [Mr. Worley]: The dark figures you see in those circles and finally one of the children, who had such far advanced disease, died. A life could not be saved. Now, all of this was unnecessary! And it happened because the person who was sick with it was unaware that she had the disease. [Mr. Wyatt]: Well, there are obviously, then, are several reasons for a regular check-up for TB. [Mr. Worley]: Indeed, there is a very important reason. That is, first off, to save the life of the individual. Everyone should be x-rayed for that reason, but also it saves family reserves, financial reserves. It saves months and years in a tuberculosis sanatorium, and then also it saves the lives of persons who are contacts of those who are ill. Now then, we should, of course, expect that everyone would wish to be x-rayed, knowing what the danger is. [Mr. Wyatt]: Just to get back to the original question again for a moment, how successful is the program in Michigan? [Mr. Worley]: Well, of course we we could do a far better job if we had a better response from the people. Only about one fourth of all the folks who should be x-rayed and checked in Michigan—persons above 15 years of age—were checked last year, for example. A million and a third of them, and while that seems a great many, it's one in four. Three out of four do not know what the condition of their chest is, and we who come in contact with them are exposed to them unknowingly. [Mr. Wyatt]: Well, now, how is this distributed or divided over the state? [Mr. Worley]: Well, here's another chart which you might like to look at. It indicates whether or not we miss tuberculosis. We, for example, do show here the area in dark shading of each county. Look for your own county in this and you'll see what a small number of persons relatively in the county were really x-rayed. [Mr. Wyatt]: Well now, Mr. Worley, aren't a million and a third x-rays enough? I mean, that seems like a challenging number, a tremendous challenge. [Mr. Worley]: It's a tremendous number of people, but it's one in four of the population of this state. It is not enough. [Mr. Wyatt]: Still not enough. [Mr. Worley]: Still not enough. A hundred new cases found weekly simply because those three out of four have in them large numbers of persons who have the disease, are not aware of it, and are spreading it. And 100 new cases a week in our state are not something to be taken lightly. [Mr. Wyatt]: Well, now, going back over this again today in our Report in Health Today here, it's quite obvious to me that there are a number of things that can be done by everyone, but one of the things is that we must take care of this case ourselves and our own families to see that it is done. [Mr.

Worley]: Indeed, and remember, the one person who does not get a chest x-ray may be the one who needs it most. [Mr. Wyatt]: As was shown. Well, that's a wonderful statement to wind up this report with, Mr. Worley. Well, that's the story, folks. An end of the report on the health in the field of tuberculosis and the search for tuberculosis in Michigan. Thank you very much. [Narrator, Tom Jones]: Describing activities and advancement in the field of health is brought to you by the Michigan Health Council. Your director has been Les Marcus. This is Tom Jones inviting you to join us again for Report in Health. [Narrator 2]: Today's Report in Health has been brought to you by the Michigan Health Council in cooperation with your Voluntary Tuberculosis Association as a service of Christmas seals.