SELECTIVE MASS RADIOGRAPHY

A REVIEW OF THE SOUTHWARK SCHEME

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The importance of the general practitioner in the early diagnosis of pulmonary tuberculosis is a factor which is insufficiently appreciated by many local authorities, who often fail to take sufficient advantage of the "spotter" in the front line. The Tuberculosis Officer deals almost exclusively with established tuberculosis or potentially tuberculous cases, so that he is apt to overlook that indefinable something which tuberculosis patients reveal when examined in conjunction with large numbers of patients exhibiting other diseases. Moreover, one feels that certain patients who are not established T.B. cases *could* be T.B. cases, not only because of their appearance, but because of an occasional odd indication such as a night sweat, loss of weight or appetite, which in itself cannot of course be sufficient to make a diagnosis.

The Bermondsey and Southwark scheme, as described by Toussaint and Pritchard in this number, depends entirely, however, upon the general practitioner for its success, and, as a G.P. practising in one of the most densely populated areas in the country and who has co-operated with the scheme from its inception, I have nothing for it except whole-hearted praise.

It must be recognised that there is still a general conception in the lay mind that tuberculosis is a foul disease which immediately places both patient and relatives beyond the social pale. This view is unfortunately stimulated to some extent by the questionnaire that has to be answered when applying for industrial assurance policies. There is an invariable enquiry as to family history of tuberculosis and, almost as invariably, a refusal should the answer be in the affirmative. The consequence is that many patients who at heart distrust their own condition refuse to seek treatment because of the stigma of being officially "branded." To them tuberculosis is just tuberculosis. They utterly fail to appreciate that the prognosis varies so considerably with the stage of the disease when treatment is commenced, because the vast majority of cases notified are either advanced or semi-advanced, the disease having been recognised because of haemoptysis, positive sputum, or marked loss of weight. I recently had a new patient who developed a pleural effusion. Nothing on earth would persuade her to go to hospital, see the Tuberculosis Officer, or have her sputum examined. She, however, fell for the idea of X-ray for "general check-up purposes" under this scheme, and, as a result, she was notified with impunity and family contacts, also revealing signs of active disease, came into the hands of the Tuberculosis Officer. We really felt we had done a good job of work.

My most spectacular success in this respect was the case of a girl aged seventeen years, a factory hand, who complained only of being unhappy at her work, and of getting along badly with her fellow-employees. She had been looked upon as a psychological misfit, and was brought to my notice by the Welfare Officer. Ordinary routine clinical examination failed to elicit any recognisable signs (and I should add that she was also examined by the Medical Registrar at Guy's Hospital as well as the local T.B. officer). X-ray examination of the lungs demonstrated the presence of miliary tuberculosis, notwithstanding that in the ordinary course of events this case would not have been referred for X-ray examination. I, personally, have gone beyond my terms of reference—I also send along "hunch" cases, e.g. girls with "angelic" features and cases in which I personally know and distrust home conditions.

Under this new scheme I have never had a patient refuse to attend for X-ray examination. My methods are simple. I talk to my patients about everything except the thing I really have in mind. The phrase "general check-up" goes down exceedingly well, and when I explain that the scheme is exclusive to the ratepayers of the Borough and their dependents, they become imbued with the idea that they are getting something for nothing, and it never fails!

May I point out the position of the general practitioner in relationship to the early diagnosis of tuberculosis? I am not going to criticise the forms of medical examination carried out by individual practitioners. There will always be bad general practitioners and good ones, but even good general practitioners can be overworked general practitioners. The demands of patients on G.P.s these days are overwhelming. Most of these demands are of a non-clinical nature, so much so that the stethoscope has given up its pride of place to the fountain-pen. The conscientious doctor may try to do his duty honourably and efficiently, but even a doctor

is human, and an over-worked human being lacks normal power of concentration. Can it be wondered, then, that chest examinations (which demand the greatest power of concentration) often fail to reveal lesions which might otherwise have been discovered?

I am not suggesting that the G.P. should use the scheme as a means of avoiding his responsibilities, but the moral comfort I personally obtain from it has given me added confidence in myself and our profession. How much work is involved? Hardly more than what is required for filling in a milk priority form. Moreover, my patient feels he is still under my care and, in the event of an adverse report, I gradually create an air of uncertainty in him so that the blow is somewhat lightened when the Tuberculosis Officer finally breaks the bad news after clinical examination. When bad news is broken by easy stages it is at the same time possible to put forward constructive and hopeful suggestions as one goes along. This is not only kinder, but stimulates the fullest co-operation in the patient. In the event of a result proving negative, I give the patient a mental pat on the back by telling him "how courageous he was to face up to facts," and I find it is excellent propaganda because it is good for the scheme for it to be advertised that the underlying principle is one of "routine" only. But for the cost and relative shortage of material and plates, I often would feel tempted to send along one or two occasional "unlikely cases" purely for psychological reasons.

There is another aspect arising out of war conditions. The number of patients who have suddenly discovered that their chests are weak has become almost legion. Some are, of course, genuine, but there is of course a proportion whose sole object is to evade some form of national service. Without comment I tell them that an X-ray, under the scheme, would strengthen their case (if any). This either calls their bluff, or assists genuine cases, and it would seem that even genuine cases need a little assistance once in a while!

There is one important aspect of the scheme which should be stressed. It is that the Tuberculosis Officer keeps well in the background unless the patient is referred to him for clinical examination. Subsequently, much depends on the personal handling of the patient by the Tuberculosis Officer. I have met excellent clinicians who failed to arouse any co-operation in the patient because of unfortunate mannerisms. In my own districts I am happy to say that once a patient has been seen by the Tuberculosis Officer I have never the slightest difficulty in persuading either him or his relatives to attend subsequently. I attribute this to the fact that the patients are invariably treated courteously, constructively, and with due regard to the standard of intelligence they possess.

Finally, may I suggest that the most efficient way of diagnosing tuberculosis in the early stages is by a closer co-operation between the Tuberculosis Officers and the individual general practitioners? Most G.P.s are still enthusiastic enough to be exhilarated by a closer contact with constructive clinical medicine, but I need hardly tell you that most newly qualified men are "potential specialists," with a bias for a particular branch of medicine, and so lacking a sense of true proportion, while the older doctor needs an occasional fillip to prevent himself from becoming mechanical. The Tuberculosis Officer should therefore endeavour not only to make, but to maintain, contact with the general practitioners in his area.

THE FUTURE OF POST-GRADUATE EDUCATION

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To-day is the era of planning in Medicine as well as in other walks of life. Almost every plan, put forward for the improvement of medical practice, includes a section on the desirability of opportunity for post-graduate study in the brave new world at which they all aim. But not one of them goes any further into the matter. Not one tries to answer the fundamental questions which arise at once. Not one asks, "What should post-graduates be taught," or "Who is suitable to carry out such teaching," or even "Where should such instruction be given, and for what periods." Before any answer can be given to these questions, much consideration is needed.

Let us first glance at undergraduate education, to see the starting-place from which we have to go. The student of medicine is taught by a number of eminent scientists, specialists,