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A study of Tuberculosis among negroes in Richland and Lexington counties in South Carolina

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A STUDY OF TUBERCULOSIS AMONG NEGROES IN RICHLAND AND LEXINGTON COUNTIES IN SOUTH CAROLINA

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
JENNIE ELBERTA YOUNG

ATLANTA, GEORGIA
JUNE 1945
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CHAPTER I

INTRODUCTION

Tuberculosis has taken its toll among Negroes in Richland and Lexington Counties as it has done in other countries. Statistics reveal that during the year, 1943, there were 41 deaths in Richland County resulting from tuberculosis, 32 of which were Negroes, as against 9 whites. In Lexington County there were 7 deaths, a comparatively negligible number.

No study of this disease among Negroes in these counties has been made in regard to the prevalence of tuberculosis, the adequacy of methods of case finding, control of the spread of the disease, and treatment.

Purpose of the Study

The public at large is not always aware, and frequently does not show sufficient concern in regard to the quality of services offered by institutions to disadvantaged groups. While there are gaps and inadequacies in the services offered by the public and private agencies in these counties, effort has been put forth in regard to discovering, preventing, and treating tuberculosis. It is important that the public should know the resources in the community for the treatment and control of tuberculosis, and the quality of the services rendered. It is the purpose of this study to show the resources available to Negroes in Richland and Lexington Counties for the control and treatment of tuberculosis, the adequacy of the services in regard to the patients studied, and how the attitude of the patient affects control of spread of the disease, and treatment.

Scope and Limitations

The data upon which this thesis is based were secured by the study
of 100 cases of persons having tuberculosis, taken from the files of the Richland and Lexington County Health Departments, and from persons confined in sanatoria, personal interviews with tuberculosis victims, and doctors. The entire 100 cases were Negroes.

The study is limited because of a scarcity of information and records with which to work. This is accounted for by the fact that physicians and organized agencies have only recently become conscious of this problem in these areas, and have done little toward keeping adequate records. The patients interviewed, for the greater part, were reluctant to reveal pertinent facts regarding the treatment and services they were receiving. Perhaps this wariness on their part was due to the attitudes of their professional custodians.

War-time restrictions on travel was another hindrance to gathering material throughout the two counties. It is reasonable to suppose that direct interviews with tuberculous patients might have been productive in regard to attitudes toward treatment, toward the disease and need for rehabilitation.

Had it been possible to carry on in Richland and Lexington Counties, as intensive a study of tuberculosis as that conducted among Negroes in Kingsport, Tennessee which included the entire Negro population, consisting at the time of investigation, of 556 persons, many more cases would have been discovered.

A rehabilitation program for Negroes in connection with the treatment of tuberculosis in Richland and Lexington Counties is without precedent. Realizing the urgent need for such a program, suggestions are made,

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which, it is hoped, may prove of benefit in promoting such a program.

However, it is hoped that this study will have some affect in bringing about improvements in the conditions among patients, and the facilities for their treatment in this vicinity.
CHAPTER II

HISTORICAL SURVEY OF THE STUDY AND TREATMENT OF TUBERCULOSIS

Evidences, since the dawn of history, show to the modern practitioners of today that tuberculosis is not a new and modern plague by any means, but was equally as much a plague to man centuries ago. It existed during the Stone Age, at which time a skeleton was found, which showed tuberculosis of the spine. The Indo-Aryans who lived 1500 years before Christ left us no description of the disease, but from suggestions concerning treatment, it would be safe to assume that they were acquainted with the disease. They were acquainted with the pulmonary type of the disease "phthisis." They were of the opinion that it developed from over-fatigue, sorrow, fasting, pregnancy, and chest wounds. To the people, the disease was impure and no Brahmin was permitted to marry into a family where it existed. The treatment consisted of hygienic-diet, exercise, and mountain air. Treatment in general was directed toward cough, emotion, diarrhoea and fever.

The Jews did not recognize very clearly either animal or human tuberculosis, but they did grasp the idea of contagion in other diseases. Among Egyptian mummies, spinal lesions, which apparently are due to tuberculosis, are not uncommon. We have direct knowledge of the methods of treatment used by the Greek and Roman physicians, but it is quite likely that they borrowed prescriptions from the Egyptians.

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1 Lawrason Brown, The Story of Clinical Pulmonary Tuberculosis (Baltimore, 1941), pp. 3-4.
2 Ibid.
3 Ibid., pp. 4-5.
4 Ibid.
The school of Hippocrates gave us our first authentic historical account of "Phthisis". The Romans called it "consumption," due to loss of weight. However, neither of these terms properly fits the disease, and have been replaced by pulmonary tuberculosis, a term that most likely will remain in medical literature.

Hippocrates, known as the "Father of Medicine" left numerous writings on medical subjects. The following aphorism by him gives an interesting light on his views on treatment of diseases. "What medicines do not cure, the knife cures; what the knife does not cure, fire cures; what, in truth, fire does not cure, it is proper to consider these things incurable."

For several centuries, no advance was made over Hippocrates' ideas for treatment of tuberculosis. Galen (131-201 A.D.) recommended the high land of Phrygia and a milk diet. Pliny's (23-79 A.D.) enthusiasm over the pine forest has a modern echo in the sanatoria located in the pine forest of North Carolina. Following this period there was a barrenage of about 14 centuries during which no advance in treatment for tuberculosis is recorded. In the 17th century Sylvius and Morton noted the connection of tuberculous nodules with tuberculosis. They also believed that the desire was hereditary and contagious.

It was Laennec (1819), a Frenchman, who recognized the tuberculous nature of scrofula, and gave an accurate description of the transformation of tubercles toward ulceration. His greatest gift to medicine was the "art of Auscultation" (the method of listening to the chest with a stethoscope, which is today the most reliable method of obtaining information of what is happening in the chest.) He was the first to recognize pneumothorax in a living patient, and described accurately its physical signs.
In spite of the fact that he was one of the great masters of medicine, he died very early.

An essay published in 1840 by Dr. Bodin,ton, an obscure practitioner who lived in Sutton Coldfield, England, emphasized for treatment of tuberculosis especially fresh air day and night, generous diet, and careful supervision. He stated that cold air is never too intensive for a consumptive, and that the patient's apartment should be kept well aired. His views received bitter and contemptuous opposition. He was regarded as a lunatic; his patients were driven from him; and by the irony of fate, he was compelled to turn his institution into an asylum.

A Frenchman, Villemin (1865-50), established the transmissible and infectious character of tuberculosis by a series of brilliant experiments on animals. He concluded that tuberculosis was transmitted from man to man by a "virus" present in the sputum.

Robert Koch, a German, is the greatest name in the history of tuberculosis. He discovered the tubercle bacillus in 1882, grew it on an artificial media and stained it, and established the fact that it was the cause of tuberculosis. Dr. Trudeau, founder of the Trudeau Sanatorium in the Adirondacks said that Koch's discovery "at once threw a flood of light on the darkest page of medicine, a light which revealed the microscopic fungus which is the cause of tuberculosis, and gave a new impulse and opened a new horizon to medical thought."

Dr. Koch's discovery gave stimulus to the great campaign for the prevention and cure of tuberculosis. Sanatoria were established; national and international conferences were held; and state and city laboratories were set up, where any patient can have his sputum examined free of charge.

The first sanatorium was established at Goebbersdorf, Germany in
1859, by Brehmer. He located it in the mountains and laid out attractive paths for his patients to take regular walks. His patients may have obtained more exercise than they should have, but this regulated open-air regimen produced so much better results than were being obtained otherwise, that the plan, in spite of much opposition at first, gradually became popular and highly esteemed.

Among American workers in tuberculosis who deserve mention for their important studies and contributions are: Dr. E. L. Trudeau, first president of the National Tuberculosis Association which was formed in 1904, and founder of the famous Adirondacks Cottage Sanatorium, and the Trudeau School of Tuberculosis; Benjamin Ruch, who contributed several papers of importance which were among the first issued in the United States; William W. Gerhardt added important studies on tuberculous meningitis; Henry I. Bowditch, who was interested in tuberculosis throughout his long life, and whose labors in New England added important contributions to the disease; Austin Flint, whose contributions to the physical signs and symptoms of tuberculosis was a work of great merit and is still of value.

In addition to the "rest hygienic-dietetic-open-air" treatment, two other measures stand out above all other remedies that have been tried during this time, namely; tuberculin, and artificial pneumotlorax. Koch discovered tuberculin in 1890 and there have been vigorous controversies as to its therapeutic value since then. The consensus of opinion of those who have studied tuberculin most carefully is that it is of definite value.

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1 Tuberculin is made from tubercle bacilli which have been killed by heat or other means. It may consist of the bacilli themselves or extracts of the tubercle bacilli, or both. (From "1000 Questions and Answers on Tuberculosis," by Fred H. Heise, M. D.). National Tuberculosis Association, New York, 1941. p. 134.
in certain selected cases when administered by one who thoroughly understands its limitations and dangers. As a diagnostic test it is of the greatest importance both in human beings and more especially in testing dairy cattle.

Forlanini, an Italian, first suggested the use of artificial pneumothorax in 1882, that is, the method of injecting air into the pleural cavity in order to collapse the lung and give it absolute rest. He first tried it in 1892, and reported a case successfully treated in 1894. Dr. Murphay of Chicago, in 1898 independently conceived the idea, and reported five cases so treated. Since that time many thousands of cases have been given pneumothorax treatment and many of them have received striking benefit and recovery.¹

Negroes constitute approximately 10 per cent of the population of the United States, and out of a total of 63,735 deaths from tuberculosis in 1938, they furnished 16,780 or 26 per cent. Comparing tuberculosis deaths in the North and in the South, the white death rate in the Northern states in 1938 was 34 per 100,000 population and the Negro 222. The death rate for the white race in the South for the same year was 44, and the Negro, 109.²

The following is one of several reasons given for the prevalence of tuberculosis among Negroes:

The white races for the most part have been in contact with tuberculosis for from three to five thousand years or longer and during that time have been able to adapt themselves to the bacillus and its products as well as to many unfavorable environmental conditions that influence the chances and course of infection and disease. The Negro in the United States has been in contact with tuberculosis barely three hundred years. Part of this time he lived a somewhat sheltered life, and at least physically he was generally taken care of in an acceptable

¹ McDugald McLean, Tuberculosis (New York, 1924), p. 87-96.
manner. In the past 75 years, since emancipation, he has often been a prey of a virulent micro-organism, the tubercle bacillus, which has found him a far easier victim than the white population in the same community.¹

¹ Ibid., p. 203-204.
CHAPTER III

FACILITIES FOR THE CARE AND TREATMENT OF PERSONS SUFFERING FROM TUBERCULOSIS IN RICHLAND AND LEXINGTON COUNTIES

Prior to 1917 there was no sanatorium in Richland County for the care of its people, whites and Negroes, who were victims of tuberculosis. Those who could gain admission were permitted to enter the South Carolina Sanatorium, a state institution, located at State Park approximately 9 miles from Columbia, South Carolina, the capital of the State. Some were treated at their homes by their family physicians, or in the private offices of these physicians. Still others resorted to herbs, which many felt were sure to cure them of their malady.

In 1917 the Sanatorium known as Ridgewood Camp was established by the Richland Anti-Tuberculosis Association for the care of whites and Negroes who were ill with tuberculosis. This camp is built on a tract of land containing 37 acres on an elevated ridge about 4 miles North of Columbia, S. C. At this sanatorium beds have been provided for 20 Negro patients, 16 beds being placed in a pavilion, and 4 additional beds placed in a small cottage. Other patients, because of limited space at Ridgewood Camp, are cared for at the South Carolina State Sanatorium.

At present there is not a registered Negro nurse employed at Ridgewood Camp. One of the women patients, now in the arrested stage of tuberculosis, serves as maid and waits on the bed patients in the women's ward, serving meals, emptying bed pans, and doing any other things which the patients may want done. White nurses go in at intervals to administer to

the needs of the very ill patients. The Negro patients are without the services of a nurse at night. In the event of critical illness on the part of patients, the maid telephones one of the white nurses from the other buildings. A former male patient, serves as "handy man", and administers to the wants and needs of the male patients. Each of these individuals is paid a small fee and given room and board for their services.

In spite of the fact that Ridgewood Camp is located a mere 4 miles from the capital city, in which there are two Negro colleges, seven senior and junior high, and elementary schools respectively, for Negros and more than 10 large churches, to say nothing of a large number of physicians, ministers, undertakers, and business men, the patients are given very little attention by the public. As a matter of fact, few Negroes in Richland County have taken enough interest in Ridgewood Camp to study existing conditions.

The Richland Anti-Tuberculosis Association is a private agency engaged in an educational program for discovery and prevention of tuberculosis. It also operates a clinic for 2 hours every Tuesday morning and Friday afternoons, at the Richland County Health Unit, at which time many women, and children are given tuberculin tests, X-rayed, and fluoroscoped.¹

To improve tuberculosis control measures among Negroes, the Richland Anti-Tuberculosis Auxiliary was developed. The fundamental purpose of this organization as expressed in the constitution is to "integrate the Negro of Richland County more fully into the broader phase of the

¹ See Appendix, page 39, for the 1942 Clinic Report from Richland County.
Health Education program of Richland Anti-Tuberculosis Association.\textsuperscript{1}

Richland Anti-Tuberculosis Association does not have a Negro nurse on its staff at the present time. Nor is there a Negro physician on the staff. The public Health Nurses, all of whom are white, which are provided by the County Health Department, administer tuberculin tests, and make visits for the control of tuberculosis.

Because of the many family problems which arise in connection with tuberculosis, social work is important in the Association's program of progress.\textsuperscript{2} Hence, this agency has secured the services of two trained social workers, 1 white and 1 Negro, to supplement the work done by the doctors and nurses. The white social worker, who is employed at the clinic, makes periodic visits to Ridgewood Camp and to the homes of tuberculosis victims. She follows up the patients when they are discharged from the sanatoria, to see that they continue the treatment advised by the physician. The Negro social worker works directly with the Richland Anti-Tuberculosis Auxiliary, whose program is educational for the most part. She visits schools, churches, clubs, where pictures are shown, talks given, literature distributed, and arranged for the nurses to go into these places to give tuberculin tests. She also visits Ridgewood Camp and South Carolina State Sanatorium, and arranges for programs to be given the patients from schools and churches, and other interested groups in the vicinity.

Before 1941 the patients at Ridgewood Camp had to be transported to one of the general hospitals in Columbia, S. C., for periodic X-rays.


In 1941 the Camp secured its own X-ray unit, and now all Ridgewood patients are X-rayed at the sanatorium at regular intervals. Nominal X-ray fees are charged those financially able to pay them. Others are given this service free. The X-ray unit is also used for conducting special case-finding clinics, for checking up on discharged patients, and for X-raying patients from the clinic conducted at the Richland County Health Unit who are unable to get X-rays in any other way.¹

In Lexington County there is no sanatorium for people ill from tuberculosis. Patients are cared for in the Sanatorium maintained by the State of South Carolina, the South Carolina Sanatorium, State Park, S. C. County Health nurses, all of whom are white, and physicians, give the tuberculin tests, but people must be taken to the Richland County Health Unit to be X-rayed. Lexington County Health Department permits the Lexington County Tuberculosis Association, an Association maintained for the purpose of discovering, preventing, and curing tuberculosis, to have offices in their department, and records are kept here regarding any findings on tuberculosis throughout the County.²

Negroes were first admitted to the South Carolina State Sanatorium in 1920, at which time 20 beds were available for their use. During the following 2 or 3 years, this number was increased to 26. By 1940, 222 beds, the present capacity, were available for Negroes.³

The present Negro division at South Carolina State Sanatorium includes the men's infirmary, women's infirmary, two cottages, formerly

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¹ Tuberculosis Association, op. cit.
² See Appendix, page 39, for report on Tuberculosis Control in 1942, by the Lexington County Tuberculosis Association.
occupied by white patients, and Campbell Hall, the unit occupied by a small
group of children prior to 1940.

An individual is eligible for admission to the South Carolina State
Sanatorium if he has resided in the State of South Carolina at least 18
months. In the event he is not eligible for admission, he is returned to
his former place of residence, unless, there is a vacant bed, which he may
occupy until there is need for it by a resident of Richland or Lexington
County.

When a patient's condition required sanatorium treatment, he se-
cures an application blank from the County Health Office, or from the
South Carolina State Sanatorium. The blanks are filled out by the patient's
physician, and sent to the Superintendent, South Carolina Sanatorium, State
Park, S. C. The applications are reviewed by the Superintendent, who later
notifies the patient when a bed is available. Applications are filed under
the date of their receipt and admissions are given in the order of the ap-
lication.¹

Program of Education in the Two Counties

In Richland and Lexington Counties the hardest task is that of
educating the public about tuberculosis. In these two counties, the Rich-
land Anti-Tuberculosis Association, and the Lexington County Tuberculosis
Association, give radio programs, show pictures, place posters, give
lectures, publish articles in the daily and weekly papers, distribute
literature throughout the schools, clubs, and churches. Mass X-rays are
now successfully carried on throughout the two counties, among school

¹ Annual Report of the South Carolina Sanatorium, State Park, S. C.
for the Year Ending 1941. Columbia, S. C.
children and adults.

Both counties in question take part in the annual sale of Christmas seals, the proceeds of which, for the greater part, are used to educate people along the lines of tuberculosis, and to fight tuberculosis in general. But the seal sale must be increased, and then the public must demand more for its money in facilities and services.

Better and more clinic facilities must be provided; more nurses must be added, and greater effort put forth to educate the masses, if attempts to discover and treat tuberculosis among Negroes in Richland and Lexington Counties are to be successful.

The writer feels as did Emma Pfaff, who made a case-finding survey in Walla Walla County, Washington. Miss Pfaff found that the reporting of tuberculosis cases was somewhat lax. This is true in Richland and Lexington Counties.

The reporting of tuberculosis cases might be improved if the Richland and Lexington Counties would follow the example of the Virginia Tuberculosis Association, and appoint a Survey Committee from each county to study tuberculosis among whites and Negroes and present their findings to the Governor of South Carolina, and his advisory committee.

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2 *Tuberculosis in Virginia*. The Virginia Tuberculosis Association, Richmond, Virginia, 1937.
CHAPTER IV

TUBERCULOSIS AMONG 100 NEGRO PATIENTS IN RICHLAND AND LEXINGTON COUNTIES IN SOUTH CAROLINA

As is universally the case, due to many social and economic differentials, the rate of incidence of tuberculosis is much greater among Negroes in Richland and Lexington Counties, than among whites. It is important that a study of the social attitudes toward the discovery and treatment of this disease be given serious attention. In this way may sufficient facts be elicited for the formulation of a program of discovery, control and treatment.

TABLE 1

AGE DISTRIBUTION OF PATIENTS SUFFERING FROM TUBERCULOSIS IN RICHLAND AND LEXINGTON COUNTIES

<table>
<thead>
<tr>
<th>Ages in Years</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>Under 9</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10-19</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>20-29</td>
<td>39</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>30-39</td>
<td>31</td>
<td>18</td>
<td>13</td>
</tr>
<tr>
<td>40-49</td>
<td>13</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>50-59</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>60-69</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>70-79</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1 shows that sex differences in the incidence of tuberculosis are negligible. There are 51 male patients, and 49 female patients in the study. Seventy of the patients are between the ages 20 to 39 years. This is the most productive period of life and incapacity due to illness results in an economic loss to the community as well as to the individual.
TABLE 2

STAGES OF DISEASE WHEN FIRST DISCOVERED

<table>
<thead>
<tr>
<th>Stages of the Disease</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100</td>
<td>51</td>
<td>49</td>
</tr>
<tr>
<td>Minimal</td>
<td>40</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Moderately advanced</td>
<td>18</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Far advanced</td>
<td>42</td>
<td>20</td>
<td>22</td>
</tr>
</tbody>
</table>

It is important to note that out of 100 cases, 42 were in the far advanced stages of the disease when first examined. The fact that the tuberculous victim has his best chance of being cured if treatment is undertaken in the incipient or earlier stages, renders the prognosis for a far advanced stage very doubtful. Ten of the patients who were in the far advanced stages of the disease when discovered, died in the sanatoria. Three of the patients refused hospitalization. Four of the advanced cases were further complicated by gonorrhea and syphilis. Two of these were admitted to the sanatorium, where one left without permission, and the other, a 21 year old single young woman, was discharged because of a marked psychosis, and the officials were unable to take care of her in that condition. Her condition was said to be improved, as she was no longer in an infectious state. The records do not show, what, if anything, was done for treatment of syphilis and gonorrhea.

Following this young woman’s discharge from the sanatorium, there was no follow-up of her case. This is most unfortunate, both for the young woman herself, and for the community in which she returned to live. She worked in a boarding house before she was hospitalized. Most likely, she may have re-entered some such type of employment, which she easily
could have done, as many of the cheaper boarding houses in South Carolina require no health certificates nor references.

TABLE 3

SOURCES OF REFERRAL

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100</td>
</tr>
<tr>
<td>Tuberculosis Clinic</td>
<td>19</td>
</tr>
<tr>
<td>Selective Service</td>
<td>15</td>
</tr>
<tr>
<td>Prenatal Clinic</td>
<td>3</td>
</tr>
<tr>
<td>Private Physicians</td>
<td>13</td>
</tr>
<tr>
<td>Schools</td>
<td>4</td>
</tr>
<tr>
<td>Health Department</td>
<td>46</td>
</tr>
</tbody>
</table>

Had these cases not been found through the clinic, schools, Selective Service, Health Department, and the prenatal clinic, and private physicians, it is possible that many of them would have gone undiscovered, thus creating a greater menance in the community.

Nine out of 20 patients who returned questionnaires stated that they were not ill before seeking medical advice or aid. Eleven patients were ill from one night to one year. For the 9 who stated they were not sick, health examinations would have revealed the presence of the disease and treatment could have been secured earlier, thus assuring themselves of a better chance of having the disease arrested. These 9 patients were discovered by means of the tuberculin tests given at the clinic.

Thirteen of the 20 patients who returned questionnaires were advised by their friends and relatives to seek the advice of a physician. This shows that the public is becoming conscious of the need for treatment by doctors, and is resorting less to herbs, patent medicines, and the advice of the "quack doctors."
Out of the 20 patients who returned questionnaires, only 4 did nothing about securing treatment at once. The others rushed to clinics, had X-rays made, and sought admission to sanatoria.

Further indicative of the fact that people are fast becoming "Tuberculosis Conscious" and are desirous of getting the best care, is that, 19 out of the 20 who returned questionnaires sought admission to one of the sanatoria, and entered upon the acceptance of their applications, when beds were available. But there are many others yet, who are not willing to accept sanatorium care as is shown in the following:

Two members of the family had died from tuberculosis. The mother had been advised by her physician that the third member of the family, a son 18 years old, was tuberculous. The mother refused sanatorium care and built a sleeping porch to her home in the country for her son. He would not sleep on this porch, fearful of what his friends might think and say. He continued in school, and during his senior year, he returned home one afternoon complaining of feeling ill. The following day the doctor was called. He ordered the young man to be carried to the hospital at once. The young man entered the hospital about 5:30 o'clock p.m., where he died that night at 11:00 o'clock.

Gradually, after two or three months, the mother and sister began to confide to their closest friends that they knew the son and brother had tuberculosis, and lamented the fact that they did not seek sanatorium care for him before it was too late.

Need for Social Service to Improve Treatment

There is a need for social services to patients suffering from tuberculosis if treatment for the disease is to be effective. Worry about conditions at home often hampers recovery and in many cases is the cause for refusing hospitalization if there are the proper agencies available to give the services needed, treatment will be improved. The following case will illustrate:

A young single woman, 24 years of age, whose tuberculin test showed a positive reaction, was found to have a minimal case of
tuberculosis. She was pregnant, and had never been to the prenatal clinic, and was expecting her baby in two months. She did not want to go to the sanatorium until after the birth of her baby. She was finally persuaded to enter the sanatorium where she stayed until time for the delivery of her child, when she was transferred to one of the general hospitals in the city.

The father of the child was a married man, who lived with this young woman for six months, then left her. He was approached by a social worker before the birth of the child relative to the payment of the hospital bill and the subsequent care of the child upon the mother's return to the sanatorium. He promised that he would arrange with some one to care for the baby. The nurse told him a few days in advance when she expected to deliver the baby to him. On the day she went to the hospital to get the baby to carry to its father, she found that the child had been taken by the father the night before, after assuring the mother that he had gotten some one who would take "special care of our baby." After several days, the social worker discovered the child in a dark and dingy room, cold, wet, and hungry, being cared for by a mere child of 13 or 14 years.

The mother of the child was returned to Ridgewood Camp, where she worried about her baby, and this worry hampered her progress for a speedy recovery.

Need for Knowledge and Cooperation of Public Officials in Fight Against the Spread of Tuberculosis

The cooperation among Negroes suffering from tuberculosis in Richland and Lexington Counties, are to improve, those in authority must be more persistent in their efforts to see that all tuberculous cases are found and given treatment. Not until then can it be said that all efforts are being put forth to eradicate tuberculosis in the two counties.
CHAPTER V

RESPONSIBILITY OF THE COMMUNITY IN A PROGRAM FOR THE CONTROL AND TREATMENT OF TUBERCULOSIS

The rehabilitation of tuberculous patients should, without question, have its inception within the walls of the sanatorium prior to their discharge.\(^1\) This would facilitate the reorientation process which must ensue on their return to life among their fellows.

The chief concern of the Richland Anti-Tuberculosis Association and its Auxiliary, is the Ridgewood Camp. Many of the patients from Richland County are hospitalized there. The pavilion presents a deplorably drab appearance. On one's entrance, one discerns a reception room with walls painted a dull yellow. Several pieces of wicker furniture painted a bizarre shade of brown, are placed about the room without symmetry or any attempt at artistic arrangement.

In the room there is an improvised book case which contains only the most antiquated volumes. There is an old piano whose keyboard is innocent of any ivory whatsoever. Of course, such an environment cannot possibly add to the therapeutic value of the institution. Among the most valuable aids in the treatment of tuberculosis is that which results in contentment of mind. There is complete absence of any decorative devises that might prove cheering to those who are compelled to spend many months and often years in these dreary surroundings.

Such agencies as the Richland Anti-Tuberculosis Association are at least making an endeavor to better existing conditions. Within the past two years the Negroes of the city of Columbia, located in Richland County, have raised more than $6,000 toward the control of tuberculosis. The people of Lexington County have also contributed substantially in accordance

\(^1\)H. A. Patterson, Rehabilitation of the Tuberculosis Patient (New York, 1943), p. 142.
A suggestive program for the rehabilitation of these patients would include: Physical reconstruction at Ridgewood Camp, including new furniture, and renovating of the buildings; 2 Negro nurses, 1 day and 1 night nurse; some form of entertainment, and other forms of recreation; and a perennial supply of flowers for the patients' quarters. Morale is a very important aspect of tuberculosis treatment. Prognosis is more favorable when the patient's outlook is cheerful.

Conditions should be improved at the South Carolina State Sanatorium too, in many respects. The following interview with a former patient, a college student, is revealing:

I had been employed as an embalmer over a period of 4 years when it was discovered that I was a victim of tuberculosis. I first became ill with "flu," and was confined to one of the general hospitals for three weeks. As soon as the doctor found that I had tuberculosis, he made application for me to enter the State Sanatorium. I was glad to go to the sanatorium because I realized that it was the best for me and certainly it was safest for my family. I had my parents and my other relatives with whom I had been in close contact, as well as my business associates, go to the Health Department Unit to be given the tuberculin tests. All had negative reactions.

I remained in the sanatorium for 37 months, and I shall ever remember these months vividly. For 6 months my former employer paid for a private room for me, and for extra food. But I found out during the sixth month that I was eating the same food the others were eating. I told my former boss of this, and he, with my private physician investigated the matter, and found that while I was not getting a better type of food, I was getting enough of the kind served me, so we made no complaint. My boss simply ceased to pay for me to have the extra food.

White patients and Negro patients do not eat the same type of food. That of the whites is far better than that served the Negroes. The food wagons carry the food from the central kitchen to the wards. The men who operate the wagons carrying food to the white patients, are immaculately attired in white coats. Their general appearance is one of cleanliness. The general appearance of the men carrying food to the Negroes, is one of filth.

However, this seems to be quite all right with our nurses. They seem not to care how the food reaches their patients. Our Negro citizens are not interested enough to visit the camp to get first hand information.

During the 37 months that I was at the sanatorium no entertainment was provided for the patients in the men's ward. Those who were able to be on exercise were permitted to attend picture shows, in another building, once a week, at which time the men and women were chaperoned to see that we did not mingle. We were not allowed to sit together in the shows. Because of such treatment, I refused to attend the shows.
We had no church services. Some few of us who desired to do so, carried on Sunday School among ourselves. The white patients have services regularly on Sunday. Those who are able to do so, attend these services, while those confined to bed have the advantage of radio ear-phones, thus enabling them to enjoy the services. There is no such service for my people. Some few patients who can afford it, have their own radios, but there is no general "hook-up."

Fifty per cent of the patients do not belong to any church. Ministers visit the sanatorium seldom. Occasionally, one who has a member there might take time out, once in a long time, to visit that member, but the visits are few and far between.

I was at the sanatorium several months before my pastor came out to see me. I had to send for him then.

I am sorry to make the observation that the educated people who are patients at The South Carolina Sanatorium are treated better, generally, than are the less educated. Ninety-eight per cent of the patients cannot read nor write. Our Negro nurses are not nearly as nice to the patients, educated and those not educated, as they should be. Our nurses are careless, and indifferent about their work.

These nurses do what they can to hide actual facts from those in authority. It does no good to report a nurse to the colored supervisor of nurses. It stops there. She dare not report an offense to higher authorities.

During the time I was at the sanatorium, there was a young man there from Richland County, who, I am told was a distant relative of one of the nurses. This young man, a college student, was allowed to keep his clothes, a thing patients are not generally allowed to do when they enter the sanatorium, and any time he wanted to go into town to attend a dance or for any other purpose, he was permitted to go. Often, he accompanied the nurses to dances. It so happened that when this young man entered the sanatorium, his case was not an advanced one, and the doctors were most hopeful of a speedy recovery for him. I am told, however, that this young man left camp, and went to an eastern city, where he died.

I have seen nurses disconnect the bell at a patient's bed, in order that they do not be disturbed further, or because they wanted to go into town at night, and took this means of preventing the bell from constantly ringing, so as not to cause investigation, and discover their absence from their post of duty.

I do wish our colored citizenry would do something to help make our less fortunate friends at the sanatorium feel as if they still are a part of the fortunate people, and that they are not put off out there and forgotten about, a feeling that so many of those at the sanatorium have.

As one who has been there, I know what it means to be shut off from the world. And it hurts further to see the apparent lack of interest on the part of Negroes who could do much, yet do so little to help promote the work at the South Carolina State Sanatorium.  

Surely when such conditions exist in an institution supported by taxpayers' money, these taxpayers have a right to ask for an investigation

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1 In an interview with Lemuel Williams, Route 3, Lexington, South Carolina, January 19, 1945.
of such conditions, with a view to improving them.

A responsibility devolves upon the many civic and other agencies to be on the alert to secure from public funds a just proportion for the prosecution of a program for the treatment of tuberculosis. A further duty devolves upon the community to insist that properly trained personnel be retained to man the institutions established for the control and treatment of tuberculosis.

Whenever the question of tuberculosis comes up, in any form, whether preventing, discovering, or treating it, it is said, "Educate the people."

To educate the people, most attempts to do so are in the schools, among the school children and teachers. A pretty fair job is being done when it comes to educating them, but what about the thousands who are not in the classrooms? They too, should share in the educational program.

Although the examination and treatment of diseases is the function of the medical profession and not the church, it must be admitted that the ideal church is concerned in every matter that concerns the welfare of human kind.

An intelligent program of educating the public should be implemented by all the social agencies directly related to the problems of tuberculosis. In this regard, the church would be a pivotal point with which to begin; for, in the case of many, it is the chief means of education. The minister is the most powerful voice among Negro people.

We should solicit the use of the churches for public health, talks, movies, lectures, open forums, and any other method of public education used by health societies. Printed posters, booklets, pamphlets and statistical tables could be placed in the churches for free distribution. Persons could be designated in each church to make announcements periodically concerning any new developments or events which have taken or are to take place within the program of the health agency.
Such an approach to the out of school public would go far to provide an intensive program of public instruction. In this way, no one will escape the consciousness of tuberculosis, which, should find a place in the minds of the masses.

Public officials, who are for the most part, unaware of the seriousness of the various types of disease which affect man should be apprised of the high yearly toll exacted by tuberculosis and its potent efficacy in the retardation of human progress. Adequate legislation and enforcement are needed for the protection of children and the community, from the spread of the disease.

Responsibility of Schools in the Control of Tuberculosis

Of recent date the schools have become more conscious than formerly of what they can do in the matter of tuberculosis control. In general, students are given periodic examinations and suggestions are made for remedial care. When students are discovered by means of the X-ray, and chest examinations, to be tuberculous, they should be followed up to see that adequate treatment is given, and all known contacts are examined.

In Richland County there is a family out of which three members died from tuberculosis in less than four years. At the time of the deaths, the family lived in another county, but moved to Richland County shortly after.

The mother was not careful to see that the remaining members of her family were given tuberculin tests, and X-rayed. As a matter of fact, when a nurse approached her about bringing the children into the clinic, she grew indignant.

There was a 11 year old daughter in this family who was placed in a private boarding school. She developed a sore throat just at the time the pupils in the schools were taken to the clinic for X-rays. This young girl was found to have an advanced case of tuberculosis.

She might have affected any number of the other students around her. Had the principal of this institution insisted that each of the students bring a statement from a reputable physician saying that he or she had been given a tuberculin test and the reaction was negative, this young girl's case might have been discovered earlier, and she may not have experienced two years in the sanatorium, where she is likely to remain for some months.

In this same family, are two other children. One is a ten year old
boy. For the past 7 months, efforts have been made without success to take the child to the clinic for a tuberculin test and X-ray. The mother refuses to take the child. She makes all kinds of promises, assures worker that she will be there the next time, but it ends there. The worker has offered to go to the home and take the child to the clinic, but the mother states that she would not have others go to all that trouble when she can so conveniently bring the child in herself.

Certainly, this child, and those around him should be protected, but there is no law in South Carolina which compels the mother to take the child to the clinic for examination.
CHAPTER VI

REHABILITATION

Tuberculosis patients who are discharged with the disease arrested, must be cared for properly. Otherwise, there is serious likelihood of recurrence. There must be closer follow-up work on the part of those in charge. The right type of work must be provided; proper habits must be established; housing conditions must be conducive to healthful living; proper diet is of first importance; and a cheerful frame of mind is a necessary desideratum.

Apropos of the rehabilitation program as it applies to Negroes, the following statement seems pertinent:

The fact that so many occupations are closed to the Negro makes the problem of his rehabilitation a most difficult one. It would probably be conservative to say that 9 out of 10 Negroes when discharged as cured, find that the only employment open to them involves hard manual labor. Medical superintendents of sanatoria treating large numbers of Negroes continually lament this deplorable situation. It means that having, after months of painstaking effort, cured the Negro of his tuberculosis, they must see a patient who could have held up under light work returning in a few months, his lesion reactivated by his struggle to carry an impossible load.

Surely the Negro who has been able to win his battle with tuberculosis, but who has emerged therefrom with a much restricted capacity for hard labor, should receive special consideration in the selection of personnel for work involving a minimum of physical exertion. This is, of course, again an appeal based on humanitarianism. Yet we wish also to emphasize the fact that this "tempering of the wind to shorn lambs" would prevent an economic loss, particularly in wastage of sanatorium care, much of which must be borne by all taxpayers.1

A Negro Nurse for the Metropolitan Insurance Company gives the following information which shows the results of efforts toward rehabilitation:

A young woman, a school teacher by profession, secured the principalship of a small school in a rural area. Living conditions were poor in this community, and the young teacher had to undergo hardships and privations, which evidently tended to weaken her resistance to the tuberculosis germ, which subsequently victimized her.

The doctor made application for his patient to enter the sanatorium, where she remained until her case was arrested. She returned to her

home and was most careful about herself in every way.

She knew that she could not return to the rural area to work, nor could she sit idle for long at home, as she was an only child of parents who were aged, and needed her financial assistance.

The public health worker visited her constantly, and one day learned from her that she was interested in studying some phase of public health work. She was advised by the worker to enter a training school in Virginia. She took this advice and pursued a two year course in the study of the care of tuberculosis. Then, she transferred to another hospital where she completed her course in nurse training. She is now employed as supervisor of nurses in a large hospital for tuberculous patients in one of the larger eastern cities.¹

¹In an interview with Miss A. A. Nelson, Visiting Nurse for the Metropolitan Life Insurance Company, Columbia, S. C., January 20, 1945.
CHAPTER VII

SUMMARY AND CONCLUSIONS

Because of few and poorly kept records, and the reticence on the part of those in position to do so, to give information, some worthwhile data were not secured.

Tuberculosis is not a new and modern plague, but was equally as much a plague to man centuries ago. The treatment of tuberculosis 1500 years before Christ consisted of hygienic—diet, exercise, and mountain-air; in some respects, much like our treatment of today. The first sanatorium for the treatment of tuberculosis was established at Goebersistorf, Germany, in 1850.

In 1917 Ridgewood Camp was established by the Richland Anti-Tuberculosis Association for the care of tuberculous patients in Richland County. There are only 22 beds for Negro patients. Additional patients in the county are cared for at the South Carolina State Sanatorium.

There is not a registered Negro nurse at Ridgewood Camp. A former woman patient whose disease is arrested, serves as maid in the women's ward, and a man, a former patient, waits on the men in their ward, and serves as "handy man." In the event of extreme illness on the part of the patients, white nurses go in to administer to the needs of the sick. The Negroes in Richland County apparently manifest little interest in Ridgewood Camp, and its inhabitants, and this lack of interest is shown in the fact that they seldom visit the camp, or do anything for those confined there.

The Richland Anti-Tuberculosis Association conducts a clinic two hours twice a week, at the Richland County Health Department, at which time, men, women, and children are given tuberculin tests, X-rayed, and fluoro-scoped.
The Richland Anti-Tuberculosis Auxiliary was developed to improve tuberculosis control measures among Negroes. It does everything to aid in the eradication of tuberculosis among Negroes. The Richland County Health Department does not have a Negro nurse on its staff at present, nor is there a Negro physician on the staff. Two social workers, one white, and one Negro, are among those employed by the Richland Anti-Tuberculosis Association. As a means of educating the people in the two counties, radio programs are given, moving pictures are shown, posters are placed, talks are given, articles published in the daily and weekly papers, and literature is distributed.

Lexington County Tuberculosis Association does not have X-ray equipment. Just recently the Richland Anti-Tuberculosis Association has granted the Lexington County Association, permission to use its clinic facilities.

Most of the patients in this study were discovered through the Health Department, and most of them were in the advanced stage of the disease when they sought the advice of medical authorities. The general attitude toward hospitalization is favorable, and this is clearly shown by the fact that an appreciable number of patients sought admission to the hospital as soon as they were advised of their condition. There are beds available for those seeking admission to the sanatoria, but it is felt that many of the cases of tuberculosis are not discovered, in which event, there would not be enough beds.

The treatment given the patients at the hospitals is inadequate, due to insufficient number of nurses, and the indifference on the part of some of the nurses employed.

Some social service is given by two social workers, one of whom is white, and the other a Negro, but there is need for more social workers.

There is no rehabilitation program for tuberculous patients, and because of this many of the arrested cases later are returned to the sanatoria, after another break-down in health.
There is a need for education of the general public, and greater support from public officials, if a successful tuberculosis control program is to be carried on.

The fact that so many of the patients were in the far advanced stage of the disease when discovered, is evidence that the program for finding tuberculous patients is inadequate. Unless there is early discovery of persons having tuberculosis, the spread of the disease cannot be controlled and the health of the entire community is jeopardized.

The majority of the patients were within the age group 20 to 39 years. This is the most productive period of life. The disease therefore causes great economic loss, not only to the patients and those depending on them, but also the community. It is therefore important that the community provide adequate measures for the control and treatment of tuberculosis for its own protection.

Since peace of mind plays such an important part in the recovery of patients, the physical conditions of the sanatorium and personnel should be improved.

Since social workers can aid so much in the work with the tuberculous patient, this service should be made available to all patients affected, so that their personal problems may be solved, with the assistance of the social workers.

Because so many of the Negro patients are sooner or later returned to the camp for additional treatment, a rehabilitation program should be set up in Richland and Lexington Counties, which will assure the former patients of a chance to keep that health which has been restored to them over a period of treatment.

The reporting of tuberculosis cases might be improved if the counties in question would follow the example of the Virginia Tuberculosis Association, and appoint a Survey Committee from each county to study
tuberculosis among whites and Negroes and present their findings to the Governor of South Carolina, and his advisory committee.

Clinic facilities nearer the county seat must be provided; more nurses must be added, and greater effort put forth to educate the masses, if attempts to discover and treat tuberculosis among Negroes in Richland and Lexington Counties are to be successful.
### APPENDIX

**CLINIC REPORT FOR RICHLAND COUNTY, 1942**

I. Number of clinic sessions held: 0

II. Number of persons attending clinics: 757

III. Number of physical examinations made in clinic: 169

IV. Number of fluoroscopic examinations: 675

V. Number X-rays: 73

VI. Number sputum examinations made: 10

VII. Number new cases diagnosed: 172

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VIII. Number of old cases diagnosed at clinic: 69

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**TUBERCULOSIS CONTROL IN LEXINGTON COUNTY, 1942**

Lexington County Tuberculosis Association

I. Health talks made: 400

II. Cooperation:
   1. Interviews with community and agency leaders: 4000

III. Case findings and Nursing activities:
   1. Number of tuberculosis cases known at the end of the fiscal year: 14
   2. Number of known contacts on record at end of year: 100
   3. Number of tuberculosis under supervision of the Association: 8
   4. Total number of new cases admitted to nursing service during the year: 17
   5. Number of applications filled for sanatorium treatment: 4
   6. Number of persons admitted to the Sanatoria: 4
   7. Number on waiting list: 0
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