

# M I S C E L L A N E O U S

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## XVIIth INTERNATIONAL CONFERENCE ON TUBERCULOSIS

*The Bulletin of the International Union against Tuberculosis publishes, in its Vol. XXXV (September 1964), the Final Record of the XVIIth International Conference on tuberculosis, which took place in Rome in September 1963. It is known that, in spite of the progress of modern medicine, tuberculosis has not been entirely eradicated and that it still continues to ravage numbers of human beings.*

*The address delivered at that Conference by Professor A. Omodei Zorini, President of the International Union against Tuberculosis and President of the Italian Federation against Tuberculosis, sums up the position and pays a fitting tribute to the extraordinary results achieved by medical and scientific research.*

*A number of interesting papers were submitted which dealt not only with the diagnostic and prophylactic treatment of tuberculosis, but also with the problems connected with the very struggle against this disease and the help which can be given by voluntary workers and by official and private associations.*

*We now reproduce certain extracts of these talks.*

**Professor A. Omodei Zorini.**—We are living in a particularly happy epoch of the progress of our science. Fifteen years ago we arrived at the era of the biological treatment of tuberculosis, which in the past had been merely a distant vision believed in by many clinical workers and bacteriologists, striving after this most noble objective. For fifteen years, bacteriology and biochemistry have provided us with formidable means to fight with, which have enabled us to witness real miracles of tuberculosis therapy and prevention ; and the disease has already declined rapidly in many countries, so as to make feasible, in the not too far-distant future, that dream of mankind's salvation from what was once referred to as the " cancer of human youth ".

In this heroic struggle which has been raging for over a century, there are some eternal names which mark an equal number of victorious stages : Morgagni, Laennec, Virchov, Villemin, Koch, Röntgen, Philip, Calmette, Forlanini, and among the living, Selman Waksman, the discoverer of streptomycin.

But woe unto us, should we stop, overcome by a sense of pride, considering only the past, like hesitant mountaineers who are content to enumerate the difficulties and dangers behind them, and do not cast their eyes towards the still-distant summits . . . The task awaiting us is still an immense one : " *ars longa, vita brevis* "; our life is but a flicker, like the sudden light of a star which at once goes out, following its age-long trail—even if this light sometimes shines on and illuminates the whole world with its beneficent effects. The difficult task is awaiting you, young ones ! Two-thirds of the world are still, today, awaiting their salvation !

It is in this atmosphere of work and enthusiasm that the Seventeenth International Conference opens. The Conference deals essentially with doctrinal problems and those concerning the practical application of modern methods of anti-tubercular chemotherapy and chemoprophylaxis. The Scientific Programme committee of the Congress, made up of eminent European and overseas colleagues, which took on the difficult task of choosing the subjects of the Symposia, wished thereby to reaffirm the idea of universal brotherhood, and to stress this highly social direction of the scientific work, of dealing with the serious situation of developing countries, where tuberculosis is still in the epidemic phase and is public enemy number one of the younger generations. The vote we carried in 1959 at Istanbul concerning the right of the antituberculosis campaign in the world to priority, was at once accepted by the World Health Organization, this great Institute which is an offshoot of UNO, and which for many years has included this noble aim with its many others.

The aims of this International Conference are chiefly three :

1. to discuss and outline numerous problems regarding chemo-antibiotic therapy of tuberculosis, in its doctrinal aspects such as the pathogenic strength of Koch's bacilli in the various parts of the world, the metabolic and endocrine types of complication produced

by various drugs, the anatomic-clinical and functional residua in subjects cured after chemotherapy ; and in its clinical aspects, in the anxious search for the best therapeutic regimens either for those suffering from early attacks, with bacilli which are sensitive to the various drugs, or especially for subjects with resistant germs. In this context there is an important international experiment organized by our Union, and also the study of therapeutic programs and regimens to be adopted in keeping with the economic resources of the developing countries.

2. to review the results of the great experiments on the chemoprophylaxis of tuberculosis carried out in many countries. This is—as is well known—a new and highly topical preventive method, which is something of a creation of ours, in the applied sphere of the human and bovine species, and should take its place alongside vaccination in the specific prophylaxis of tuberculosis, accomplishing its defensive work. After eight years of intensive experiments, the present Congress should establish its value and the limits of its application. A special indication for this method also concern silico-tuberculosis, a clinical tubercular form which is currently increasing in relation to the spreading of underground extractive industries, its diagnosis and treatment will form the subject of a suitable Symposium.

3. the social aim which is, I should say, the “ heart ” of our Congress, and which ought to draw the attention of governments, of the general lay public, of sufferers and of doctors throughout the world, leading to intense and intimate collaboration. This theme occupies various Symposia, which deal with physical and working activity in the course of treatment of pulmonary tuberculosis ; with the identification, in countries where morbidity is slight, of those population groups which are most exposed to risks of infection ; with problems concerning the development of voluntary anti-tubercular associations in countries which have recently become independent ; with the best way of utilizing non-medical personnel in the anti-tubercular campaign programs, and the welfare and social treatment of non-hospitalized patients. This is meant to stress the need for a close union of aims, on the part of governments, of medical staffs, and especially of non-medical volunteers, who should act as

the vanguard of the great army, living with and beside families and in contact with patients undergoing home and ambulatory treatment. Today, non-hospitalized patients and their contacts have to subject themselves to long and systematic remedies taken orally, which must be absolutely regular, under guidance and control, if the objectives of the therapy are to be achieved.

Two years ago, the Union commenced—thanks to its Executive Director, Dr. Holm—the publication of an interesting journal, entitled “T” (Tuberculosis), which is aimed at the non-medical public, this publication points out the tragic conditions of two-thirds of the countries of the world, and deserves to be circulated widely. In the first issue of this journal, entitled “The poor man’s disease”, there are two articles: “If I were a sufferer from tuberculosis in Asia”, and “If I were a sufferer from tuberculosis in Holland”. These two articles portray the opposing extremes of two parts of the world. “If I were a sufferer from tuberculosis in Asia”—says the first writer—“I could certainly not allow myself the luxury of obtaining streptomycin, and I should go on spending down to my last halfpenny on providing my children with bread”. “If I were a sufferer from tuberculosis in Holland”, says the other writer, “I would be amazed, and ask myself: “why should it happen just to me, to get this strange disease?”. On the one hand, there is a great throng at the dispensaries, their faces emaciated and their limbs like skeletons, with their bare arms proffered for anti-tubercular vaccination, their hands open and asking for isoniazid tablets; on the other hand, the dispensaries and the sanatoria are almost deserted. I recently had the occasion to visit one such country and for a few days to accompany the diligent health-visitors in their calls at people’s homes: hovels made of mud and straw, patients on the bare earth; neither bed nor chair; swarms of chattering children, wives constantly pregnant . . . yet a spirit of goodness and gratitude was reflected on those emaciated faces, a true image of Christ the sufferer. But it was not mere fatalism, for the will to live and to get better for the love of their families illuminated them; and their collaboration with the doctors and the nurses in their work seemed to be good . . . What a lesson in bearing human poverty there is in these countries, almost completely lacking in hospitals and sanatoria, and what instruction and hope for

the future . . . The cry of pain and the desperate appeal which rise from these hovels cannot go unheard, and WHO, UNICEF and the International Union must intensify their efforts, in close cooperation with the various governments, to study and to overcome the enormous difficulties which stand in the way of the application of the program of anti-tubercular vaccination, chemotherapy and chemoprophylaxis on a large scale.

But the Union also has other objectives of notable importance. It embraces seventy-eight national anti-tubercular associations from every continent, which carry out tasks of great social interest, and have been doing so since the Commission of General Secretaries was set up in 1951. This Commission has so far tackled numerous problems, such as the organization of the voluntary associations in the fight against tuberculosis, the methods which might be used in the anti-tubercular stamp campaign, the training of social assistants and of technical personnel, and, recently, mutual assistance among the various national associations, in the noble aim of assisting and helping the formation of new associations in developing nations.

**Professor Etienne Bernard.**—The use on a large scale of preventive methods, especially those requiring patient application, needs co-operation from the public. Today, we have to fight not only on the front of the germ and the cavity, but also against public apathy and lack of interest on the part of doctors of the future who think of tuberculosis as a solved problem. Yet this is a disease which causes such infinite suffering in the countries of ancient Europe. It is our duty to awaken interest, no, enthusiasm, not only among doctors, but also among lay people, and demonstrate to them the fascination of problems which have still to be solved, both scientific and social. Awaken people's curiosity, arouse pricks of science, this is the function of our international agencies. Let us not fail today.

To quicken the sense of responsibility—let me make one suggestion. We have in our hands today, both to prevent and cure tuberculosis, methods which at the beginning of the century would have been thought powers proper to a sorcerer.

Whether it be B.C.G. vaccination, or early discovery of pulmonary lesions by mass radiography, or chemotherapy applied to the

discovered, or even suspected case, we have the means we need for victory. In fact, on paper the battle is won, yet victory is still a long way off in daily practice.

To explain this discrepancy, numerous reasons are advanced : that more people avoid systematic examinations ; that a number of parents withhold their children from vaccination ; that many patients break off their treatment prematurely. One is inclined to say, this is the fault of families, of patients. Perhaps we ought to play the game differently and say—this is our own fault, we doctors, educators, administrators. If so many subjects avoid systematic examinations and vaccinations, it is because our own efforts are not sufficiently energetic to teach them the importance of these methods, their freedom from harm and their effectiveness. It is the duty of the Union and voluntary associations to carry out health education unceasingly.

Perhaps we should also consider whether the treatment services for pulmonary tuberculosis are really unique, compared with those for other diseases. In the latter, when the temporary or more serious problems have been dealt with, the moment quickly comes when there is no need for more treatment. It is not the same with tuberculosis. The patient has long since recovered the appearance of normal health, but still has to continue taking his medicine several times a day, and for several months, even years, to the moment when his troubles are no longer those of the lung disease, but indeed, precisely the heavy load of therapy. In fact, one needs to be grown up in the health sense to persist in the discipline of this prolonged cure, without fail, once signs of the original complaint are no longer obvious. Such insight into one's own health is not given to everyone, far from it. We must reflect upon this : that the actual treatment of tuberculosis is too much a slave of its own duration. In a period when one can travel around the world in 18 hours, it is a bore to have to take 18 months curing this ailment.

Here is the problem, we all have to realize it and we may not rest on our oars prescribing isoniazid. Other anti-bacillary agents equally effective and well-tolerated will be welcome. If three months of treatment were enough to obtain a really lasting negative result on sputum examination, the whole appearance of the fight against tuberculosis would be different.

Assuredly, we have already attained a big victory by being able to produce this negative result at the end of one year and in almost all cases, even with serious lesions, as we shall hear described in one of the principal sessions of this Conference. Such a result is obtained under special conditions : the patient is in hospital, and the drugs are given strictly, and daily for a whole year under rigid medical control. It is true to say that the chemotherapy of tuberculosis is victorious, but this is precariously so, and only under special conditions. These conditions have their failures, even in well-equipped countries, and they are rarely met with in countries still undeveloped.

Our therapeutic success in tuberculosis is still too much influenced by uncertain factors, and the results of the inequality of the human situation. We must be aware of this, must we not ?

Fresh progress is necessary to narrow the margin, which we must admit is enormous, between two kinds of countries : those in which tuberculosis has declined, and where it will decline more and more rapidly towards elimination, and those where there are grave problems of public health because our work meets with tremendous obstacles, economic, social and medical.

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