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Association Experts Assert Only One in 24 of General Group Is Equipped for Patients

NATION-WIDE STUDY VOTED

Report Holds Addition of Wards in Existing Institutions Is Most Economical Process

By CRAIG THOMPSON
Special to THE NEW YORK TIMES.

LOS ANGELES, June 23.—Asserting that too few general hospitals in the country are equipped to handle tuberculosis patients, the National Tuberculosis Association ended its annual session here today by starting a program designed to correct the condition.

Through the State and local associations, which are a part of the national organization, a study of local hospitals—there are 4,200 classified as general hospitals—will be undertaken to determine which might be most effectively enlarged or altered to provide tuberculosis wards or pavilions, and to undertake educational and publicity campaigns to bring this about.

This program is separate from the one approved by the association's board of directors Monday for control of the disease through construction by Federal and State governments of additional hospitals at a cost of some $140,000,000, with a maintenance and case-finding expenditure of $35,000,000 a year to go with it. The construction program, advanced by Homer Folks, executive secretary of the State Charities Aid Association of New York, has been endorsed by Surgeon General Thomas Parran Jr.

The program put forward today is the result of study by a committee headed by Dr. Charles J. Hatfield, former managing director of the association and now with the Henry Phipps Institute at the University of Pennsylvania.

Features of Hatfield Report

Dr. Hatfield declared that the addition of tuberculosis wards to general hospitals would provide a sort of clearing house, would tend to increase the number of cases detected, would provide physicians, internes and nurses with a more complete knowledge of the disease, and would make available the full equipment of a hospital not generally found in special tuberculosis sanatoriums.

While, he said, there had been evident for some years a growing tendency on the part of the hospitals to include tuberculosis wards in their plant, this trend had apparently been changed in 1935 and the number of hospitals so equipped had actually become less since that time.

"In many parts of the United States," the resolution which was adopted stated, "notably in the relatively sparsely settled areas, beds for tuberculous persons can be most economically provided by utilizing existing general hospital facilities, or by adding wards or pavilions to such institutions.

"Experience has proved that adequate treatment can be provided for tuberculous patients in general hospitals with no injury to the reputation of the hospital, and with great benefit to the patients."

Cites Present Small Ratio

At the present time, Dr. Hatfield found, only 177 of the general hospitals are prepared to care for tuberculous patients, a ratio of about one in every twenty-four.

Dr. A. J. Lanza and Robert J. Vane Jr., both of the Metropolitan Life Insurance Company in New York, presented a mass of statistical and case study data which led them to the conclusion that the hazards in industries in which workers come in contact with dust have been overrated as a cause of tuberculosis.

Silica dust, from which the disease silicosis gets its name, is the major cause of lung disturbances among the dusts, although asbestos dust also causes sometimes fatal lung conditions, Dr. Lanza said. Both were recognizable as such, he added. He defined silicosis as a "definite clinical entity." A person with silicosis may develop tuberculosis, he said, but it does not follow that the dust conditions caused the tuberculous one.

Dr. Lanza stated as a belief that "much of the tuberculosis which it has been assumed is associated with various dusty occupations is probably more closely related to the general economic status of the wage-earner concerned."

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