Tuberculosis Chest Clinics in Rural Hospitals of Matabeleland

BY
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In Rhodesia we can still afford the drugs and facilities to cure tuberculosis. Less fortunate developing countries rely on cheap regimes of therapy, which will cure about 80 per cent. of their patients. Our policy is to cure 100 per cent., and towards this goal a system of chest clinics has been practised. It is a means of holding on to out-patients and, despite the relatively high proportion of tuberculosis hospital beds available in Matabeleland, it can be employed here in the rural areas, where the problem of tuberculosis control really lies. This is a simple account of chest clinics held in rural hospitals of this province.

The Venue

The clinic is held once a month on the same day of the week in a convenient room in the hospital, at a time suitable to the hospital medical officer and the visiting specialist. As a rule a 30-mile perimeter round the hospital covers most of the inhabitants and they will attend there once a month. Ambulances and bus services come into the decision. It makes no difference to the patient whether he comes 30 miles and stays in the hospital the night before a morning clinic or the night after an afternoon one. Wherever the clinic be established, the personnel and facilities to be described should be there.

Personnel

The hospital doctor, the nurse and the health assistant are the important triangle of staff. The doctor is especially so because, even if he underrates his knowledge of tuberculosis, the patient comes all those miles, month after month, principally to see a doctor. The nurse, who may not be State registered but a mere untrained nursing orderly, gathers the clinical information on the cases and records it on the monthly list (Fig. 1) and writes the result of the interview in the last column according to the doctor's instructions. The health assistant, who is on the staff of the provincial medical officer of health, is an African with Standard VI education followed by three years' training in hygiene. He knows the patient's home (the exact address should he abscond), his treatment and his next date for review with the doctor. There may be two or three health assistants sitting in at the clinic. They are valuable and educated personnel and they will help with clerical work—for example, the annotations on the out-patient card.

Inyati Hospital. Tuberculosis Chest Clinic

Name	Sputum	E.S.R.	Weight	Doctor's Instructions

Fig. 1—The monthly list of all tuberculotics under treatment in the district.

The chest clinic fails without this triangle of staff. A doctor's irregular appearances at the clinic discourage the patients, who dwindle away and forget to take their pills. Without the nurse no clinical information is prepared and the patient's progress cannot be properly assessed. Without the health assistant there is no liaison with the medical officer of health, no recovery of absconders and no one to take pills to the patients when they have been unable to attend.

Facilities

Simply enumerating them, they are (1) an X-ray viewing box, preferably two. The doctor is able to see the films clearly and contemplate them in comfort. Admittedly, a radiologist's opinion is invaluable, but it may not be available, and with the patient before him the doctor can contribute something more to the great evidence of the film. (2) An examination couch, because tuberculosis is not confined to the lungs and patients are not immune to other diseases. (3) A Heaf multiple puncture tuberculin-testing apparatus is useful for young contacts, provided the result can be read three to seven days later (health assistants are trained to do this). After B.C.G. vaccination the test is only plus one and very faint, but natural infection renders it plus three. (4) Equipment for weighing, sputum smears and blood sedimentation rate; these basic tests are done on the patients when they arrive at the clinic month after month and recorded on the monthly list. They are entered in the patient's tuberculosis notes at the review. (5) A filing cabinet of some sort. We put the medical file inside the X-ray envelope and store them vertical for easy reference. The trail of X-rays and notes left behind by these long-term patients in various institutions is most useful if it can be found.

Most of our hospitals, government and mission, have X-ray machines and three monthly films are the routine. If there is no X-ray apparatus all is not lost and less frequent X-ray control suffices, whereupon the patient makes a special journey to the nearest hospital with one.

Point of View of Staff

The Doctor

The chest clinic provides him with a safe and easy means of putting tuberculotics on out-patient treatment and worrying about them only once a month. His in-patients, too, having been nursed over their acute illness, can be left to hospital routine without further examination until they are re-assessed at the monthly clinic. His duty in regard to health education (let him deny it—*sic*) is made easy in the communal atmosphere of the clinic, with the health assistant there and the patients all chattering about their disease. Notifications can also be streamlined at this time.

The Nurse

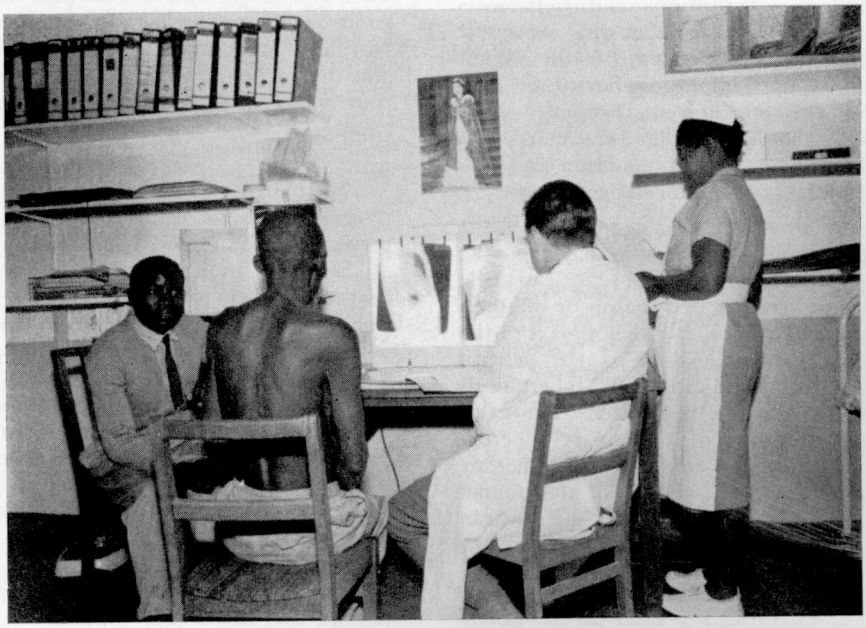
The nurse finds the clinic an excellent clearing house for these long-term cases. They are all dealt with on one day and the results neatly assembled on the monthly list. The list is prepared from the previous month's list by cancelling names that have been discharged from treatment or transferred elsewhere and adding the names of new cases (retaining the names of absentees until they are found). The list serves as a "live" register of all the tuberculotics in the district under treatment. In the rural areas the follow-up for three years after the end of treatment is not yet being attempted.

The Health Assistant

He is only too glad to be in on the clinic. It establishes good *rapport* between him and the hospital staff. When he is asked to carry out domiciliary treatment, which is PAS 12 gm. and INH 300 mg., making 27 pills a day, the patients accept his authority and take their pills from him and any other instructions. He will not have this to do, however, when "one pill a day" is introduced for out-patients and 30 pills will be issued at the clinic each month. He is enabled to seek advice from the doctor about recalcitrant types of patient who refuse to attend, and the following form of letter may be despatched to the officer commanding the local police station:

"In my opinion So-and-so, of the above address, is suffering from tuberculosis, and is not being treated in such a manner as adequately to guard against the spread of the disease. I would be pleased if you would arrange for him to be removed to this hospital and there detained until such time as he is free from infection. This order is sent to you under sections

THE MONTHLY CHEST CLINIC AT INYATI HOSPITAL



Left to right: H/A Enoch, patient, Dr. C. Nutt, Nurse Talitha.

23 and 28 of the Public Health Act, Chapter 140."

A provincial tuberculosis register is about to be compiled in the office of the medical officer of health. By means of the chest clinics the information required for the register can be obtained without worrying the doctors and passed to the office by the health assistants.

Patient's Point of View

The patient is obliged to consult the doctor once a month. He does not mind this, as he brings his social problems with him and his bus ticket is free. At the clinic he hears that others have the same disease and they are getting well again. He is reminded, despite himself, to take the pills. Repetitive health education is most important for the success of any form of long-term therapy. In his case there is more to the monthly visit than this, because clinical deterioration and drug toxicity get out of hand if he is seen less often. Continuous drug therapy is what cures tuberculosis; when the patient feels unwell for one reason or another, he blames it on the pills and stops taking them. Seen monthly, this can be corrected; seen three monthly, the delay is too long. So the monthly rule is upheld.

In Practice

Sooner or later tuberculotics ask to be out-patients. This is not granted unless they intend to live within reasonable orbit of a chest clinic. Patients attend very faithfully and only miss when sick or the bus breaks down. Sputums and bloods are not always tested, but the weight of the patient is the simplest indicator of progress provided the post-hospital loss of weight is allowed for. So long as he is seen once a month to ensure good general condition and pill-taking, the patient is cured of tuberculosis.

According to circumstances, a specialist visits the clinics three-monthly. He may have to take over a clinic entirely in the absence of the district medical officer for one reason or another. A rural chest clinic properly belongs to the doctor on the spot because he is the general practitioner of that rural area and tuberculosis is but one of the diseases they suffer. However, the differential diagnosis of pulmonary tuberculosis can be difficult, the snags of drug therapy mysterious and the social welfare of the patient troublesome. For these reasons the district doctor may regard the clinic as more in the province of a specialist. At all events, the latter attends assiduously to the setting up of a new clinic and once established it must go on, month after month.

Summary

A simple description of chest clinics in the rural hospitals of the western province (Matabeleland) and the triangle of personnel required to run them and how they go about it are given. The monthly list as a "live" register of tuberculotics and a source of information for the provincial tuberculosis index. Special reference is made to the part that can be played by the African health assistant.

Acknowledgments

Acknowledgments to the Secretary of Health, Rhodesia, for permission to publish, and to the office of the P.M.O.H. (Western) for their service of health assistants and advice.