

XXth INTERNATIONAL TUBERCULOSIS CONFERENCE

under the auspices of

THE INTERNATIONAL UNION AGAINST TUBERCULOSIS

and the

NATIONAL TUBERCULOSIS
AND RESPIRATORY DISEASE ASSOCIATION

New York, September 2-6, 1969

CONFERENCE PROCEEDINGS



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PROCEEDINGS OF THE
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INAUGURAL SESSION/SEANCE INAUGURALE

Dr. James E. PERKINS, President/Président

REMARKS/ALLOCUTIONS

Dr. PERKINS:

It gives me a great deal of pleasure to call to order this, the Inaugural Session of the XXth International Tuberculosis Conference of the International Union Against Tuberculosis.

Our first speaker is Ernest E. Mason, Judge of the First Judicial Circuit of Florida, a long-time and invaluable member of the Board of Directors of the NTRDA and currently its president. Judge Mason.

Judge MASON, President of the National Tuberculosis and Respiratory Disease Association:

Mr. President, distinguished delegates to the XXth Conference of the International Union Against Tuberculosis, ladies and gentlemen.

As President of the National Tuberculosis and Respiratory Disease Association, one of the founders of the Union, I am privileged to welcome you to the United States and to the City of New York. Our association is proud of the fact that it is a constituent member of the Union and treasures the close ties that it has had in the international movement against the dread disease, tuberculosis.

We have not had the pleasure of hosting a Conference of the Union since 1926 and we have been looking forward with a great deal of anticipation to this XXth International Tuberculosis Conference. We are particularly pleased that this Conference is being held in our country during the time when the Managing Director of the National Tuberculosis and Respiratory Disease Association is President of the Union. We hope that the distinguished delegates will pardon us if we bask, so to speak, in the glory of the contributions that Doctor Perkins has made over the years to the Union.

I welcome you on behalf of all of our countrymen. We in the United States have long been aware of the fact that tuberculosis honors no national boundaries. Its complete eradication as a menace to the health of mankind can come about only through the combined efforts of the citizens of all countries. The organization of this Union was but a recognition of that fact. Its record over the years is evidence of what may be accomplished when men of good will of many nationalities work together in a common cause.

We are looking forward to our association with all of you during the days of this Conference. We hope that your attendance upon the Conference will be

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both pleasant and profitable. If there is anything that we can do to assist you while you are in New York City, please feel free to call upon us. We are most happy to welcome each and every one of you.

Dr. PERKINS:

I am now happy to present Mr. Herbert C. De Young, prominent lawyer of Chicago, and chairman of the committee in charge of organization of this Conference consisting of representatives of the National Tuberculosis and Respiratory Disease Association, the American Thoracic Society and the National Respiratory Disease Conference. No stranger to the Union, having served in the past on its Council and serving currently as a member of the Program and Budget Committee, Mr. De Young has spent literally weeks and weeks of his own time in meetings, consultation, correspondence, and travel in the attempt to have this Conference meet the high standards set by the other host countries in the past. Mr. De Young.

Mr. DE YOUNG, *Chairman, Organization Committee, XXth International Tuberculosis Conference:*

On behalf of the National Tuberculosis and Respiratory Disease Association, which I shall hereafter refer to as NTRDA, I am honored to welcome and greet you today. This is not the usual, routine greeting. It has been 43 years since the constituent members of the International Union held their biennial conference in this country. In the more than four decades that have passed, the Union has become an active force in the world-wide fight against tuberculosis. Its budget has increased substantially. These conferences have grown in the scope of their program and in the numbers who attend them. The Mutual Assistance Program has had noticeable results. Regional committees have been formed and have been instrumental in stimulating activity in their respective areas.

During the same period of time, NTRDA, together with its more than 1,300 affiliates, many of which are represented here today, and many of which have contributed so magnificently toward the costs of this Conference, have seen the death rate from tuberculosis decline dramatically and a substantial reduction in active cases also take place. There has also occurred the decision of the NTRDA's Board of Directors to expand into the field of other non-tuberculous respiratory diseases.

Against this background, the Program Committee, under the chairmanship of our beloved and respected leader, Dr. James E. Perkins, has, as you can see from the printed page, and as each passing day this week will verify, formulated a program worthy of this Conference and the distances that many of you have traveled.

We know, however, that none of us wants to be confined solely to program sessions, no matter how interesting, important or stimulating they may be. To that end, beginning in 1965, we of the Organization Committee and its related subcommittees have sought to see that you do not have very much leisure time, and that most of that leisure time is made as enjoyable as we know how to make it. Since there has been excellent teamwork by the members of the Organization Committee, the Subcommittee on Local Arrangements and the Ladies Program Subcommittee and a substantial number of the efficient members of the staff of

SÉANCE INAUGURALE

NTRDA, the events which I am about to mention are the product of all of them.

I want to note the fine cooperation the Organization Committee received from Presidents of NTRDA, Doctors Jacobs, Jenkins and Gompertz, Mr. White and Judge Mason.

At this point, I would like to acknowledge the splendid assistance of Mr. Nelson R. Kraemer, Managing Director of the Brooklyn Tuberculosis and Respiratory Disease Association and Chairman of the Local Arrangements Committee, and the members of that Subcommittee. No doubt some of you have heard of Brooklyn as well as New York City? It's not far away across the East River. Nelson has shown he is as resourceful as he is ingenious.

We were fortunate in securing a dynamic woman with lots of initiative and many original ideas as Chairman of the Ladies Program Committee, Mrs. Ellsworth Donnell. She has a capable Co-Chairman in Mrs. Edward Russell. I, accordingly, acknowledge with much appreciation all that these ladies and their Committee have done.

Now, as to the specific events. This evening, following the adjournment of this Inaugural Session, there will be a reception for all participants, accompanying persons and guests in this ballroom. Your host is NTRDA. We hope this will afford an opportunity for many of our foreign visitors to renew friendships here. We likewise hope that this will be the beginning of many new friendships between those of us in the United States and those of you from foreign lands.

Tomorrow noon for the ladies there will be a tour of Lincoln Center for the Performing Arts with luncheon there.

Wednesday evening there will be a boat ride around Manhattan Island, on which New York City is situated. There will be two separate sailings, and we believe that this will be a very popular event.

On Thursday noon for the ladies there will be a tour of the American Museum of Natural History, which is celebrating its centennial this year. Those attending will view a dramatic exhibit entitled 'Can Man Survive?' Luncheon will also be served. There is also an optional tour of Bonwit Teller, a famous Fifth Avenue store specializing in women's apparel.

On Thursday evening there will be, in this room, a program entitled 'Serenade USA', a captivating program of the contemporary cultural scene in music and dance. We don't want any of you to return home disabled, so there will be little rock and roll.

On Friday noon the ladies will want to participate in a guided tour of the United Nations with luncheon in the delegates' dining room.

Friday evening you are on your own. Likewise for the weekend. If you are still here, there is much to see and do in New York. It is undoubtedly one of the most exciting, dynamic cities in the world.

I should also add that I hope you will visit the exhibit area and see the impressive array of both commercial and scientific exhibits.

We have worked diligently and painstakingly to cover every aspect of this meeting. The details of the events I have mentioned, and other helpful information, will be found in your kit. If you do not find the answer there, consult the Information Desk. Finally, we have also provided an all-purpose room where you may get a missing button sewed on or receive some other non-medical first aid.

It is wonderful to have you here. We of the committees are as relieved as we are happy that this Conference has finally arrived. We have anticipated this week for many months with great pleasure. But we are certain that the realization will

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exceed any expectations we have had. Above all, we hope that by Friday night you will have had a really great time and will have thoroughly enjoyed American hospitality.

Dr. PERKINS:

It is with justifiable pride that I have observed the leadership given by our TB association executives, by members of our boards of directors and by members of our medical section, the American Thoracic Society, in *other* national medical health organizations. As some current examples, the executive director of our Utah Tuberculosis and Health Association, Mr. Franklin Brough, is on the Executive Board of the American Public Health Association; a member of the NTRDA Board of Directors, Mrs. Margaret Dolan, is currently president of the National Health Council, the third such Board member to serve in that capacity; and another member of the NTRDA Board, Dr. Walter C. Bornemeier, a distinguished surgeon from Chicago, has just been elected president-elect of the American Medical Association. I shall now ask Dr. Bornemeier to say a few words on behalf of that association. Dr. Bornemeier.

Dr. BORNEMEIER, *Incoming President of the American Medical Association:*

Ladies and gentlemen, it is my privilege today to bring you greetings and welcome from the American Medical Association. The American Medical Association, frequently referred to as the A.M.A., is a federation of the 52 states and territorial medical associations of the United States. It has a membership of about 217,000 physicians.

Our association is happy that the International Union Against Tuberculosis has chosen to have its biennial meeting in our country.

Everywhere, tuberculosis is still a serious disease, in spite of the millions of dollars and millions of man hours spent toward control and eradication. No other disease of man has had so many meetings, conferences, congresses, symposia, luncheons, and dinners dedicated to the effects of one tiny organism. In spite of the fact that the organism has been known and recognized for almost a century, we are still far from total victory.

We hope and expect that the knowledge that is to be shared here during the next few days will effectively hasten the day when we shall finally see the eradication of tuberculosis.

Dr. PERKINS:

Ladies and gentlemen, I now have a very pleasant surprise for you which is not on your program. This item is not on your agenda because when one deals with top officials in the Federal Government who must be ready to respond to sudden calls from the White House, from Congress, or to sudden emergencies, it is very difficult to get a commitment until the last minute, and printers of programs necessarily have deadlines!

We are indeed honored today to have with us a man occupying the highest

administrative medical position in the United States of America, the recently appointed Assistant Secretary for Health and Scientific Affairs of the United States Department of Health, Education and Welfare, Dr. Roger O. Egeberg. I shall not take the time to review for you his many academic degrees, honors, scientific contributions, and the previous administrative offices he has held, but merely state that since 1956 he has been Professor of Medicine at the University of Southern California, and since 1964 Dean of that well known medical school. I should like specifically to mention also that he has been affiliated with two famous tuberculosis hospitals in the Los Angeles area, the Olive View Hospital and the Barlow Sanatorium; and, I might add (selfishly), was a recent recipient of a small research grant from the National Tuberculosis and Respiratory Disease Association. Dr. Egeberg.

Dr. EGEBERG, *Assistant Secretary for Health and Scientific Affairs of the United States Department of Health, Education and Welfare:*

This is the second time in my brief career as Assistant Secretary for Health and Scientific Affairs that I have been asked to speak for Secretary Finch at an international meeting. I don't know what my captive audience has thought about the switch and I am not about to take any polls, but for me the experience has been memorable.

The two occasions, in fact, have been complementary. The first was early in July at the 22nd World Health Assembly which, as most of you here know, was held in Boston this year. The Assembly is the governing body of the World Health Organization — is, as you know, the major *official* international health agency. Undoubtedly, the International Union Against Tuberculosis, the sponsor of this gathering, is the leading voluntary international health group.

It gives me a great deal of pride that the United States was host for both meetings this year — better health for all people everywhere. The partnership between government and voluntary effort, on the international no less than on the domestic scene, is the key to progress in health. Neither original with me nor very profound, the partnership principle was never more valid or its implementation more necessary than it is today.

In the field of health, of course, the spirit and practice of working together across national boundaries is well established. There is a solid record of accomplishment as a result — in research, in disease control and eradication, in international surveillance and quarantine. And we can anticipate that the purpose which brings you together will bring even greater advances, both for the health of mankind and for greater understanding among nations and peoples.

What makes this meeting, and your work, special is that it is the product of voluntary, citizen effort. The voluntary movement, so well established and so effective in the United States and in some other countries of the world, is still at a developmental stage in international affairs. It is a commodity that we in this country could well export.

Voluntary association is one of the basic features of American life. Writing in the early 19th century, Alexis de Tocqueville noted it as a unique characteristic of the new American society. A century later George Santayana called this spirit of free cooperation, 'the essence of Americanism'.

The voluntary movement has been a powerful force for health action in this

country. It has pioneered in areas where government action has been inappropriate or slow or timid. By mobilizing public opinion and stimulating citizen action, it has created a favorable climate for government programs.

The field of tuberculosis provides an excellent example. The National Tuberculosis and Respiratory Disease Association was organized in 1904, several decades before tuberculosis control became a recognized and established government activity. Working together at all levels, public and private agencies have succeeded in reducing this once leading cause of death in the United States to manageable proportions.

Today, citizen involvement is more important than ever. It is much more than a matter of contributing dimes and dollars to a worthy cause. It is even more than contributing volunteer services, essential as that is. It involves participating and having a hand in the decision-making process. Participation, by as many people as possible from as many walks of life as possible, is essential in today's world.

Tuberculosis workers and volunteers have blazed the trail for citizen involvement in international health matters. The International Union Against Tuberculosis, for example, is twice as old as the World Health Organization. The IUAT has been one of the great allies of WHO, in country after country.

The two international groups were taking on a formidable foe, one of mankind's oldest and most dangerous threats to life and health. When the World Health Organization was established in 1948, tuberculosis control was listed among its top priorities. A decade later, however, it was possible to talk about eliminating TB as a public health problem.

Nonetheless, TB remains a major world-wide threat, and eradication will not be easy. In fact, with the progress made in the control of malaria, and because TB (unlike malaria) is not concentrated largely in any zone of latitude, tuberculosis is probably the most important specific communicable disease in the world today.

Even within the United States, tuberculosis continues to be a serious public health problem. There are about 300,000 people on state and local health department TB registers, and some 75,000 of these people are listed as having active disease. Last year more than 42,000 new active cases were reported in the United States. We have an estimated 25 million people who have been infected with tubercle bacilli, and it is from this group that more than 80 per cent of our active cases come.

But the pattern of the disease has changed considerably. In some parts of this country, tuberculosis has virtually ceased to exist. But elsewhere, largely in areas of poverty, we find disease and infection almost as common as the entire Nation experienced at the turn of the century. As in some of the depressed and underdeveloped areas throughout the world, tuberculosis is concentrated among people who are undernourished and who live in wretched, overcrowded conditions.

Since 1963, the Federal Government has helped zero in on tuberculosis problem areas through special project grants and through the assignment of expert personnel. More than \$50 million in Federal funds have been added to state and local tuberculosis programs, enabling these programs to add some 2,000 tuberculosis specialists and technicians to their staffs. As a result, new active cases have declined by 27 per cent within the past five years, including a 6 per cent drop from 1967 to 1968.

It is important that this momentum be maintained. And it is important that our health care system — both public and private — be organized so that we can readily apply the latest scientific knowledge to the conquest of tuberculosis. For example, preventive treatment with isoniazid has dramatically improved our

ability to control the disease. More people, especially in the most vulnerable groups, need to get this preventive treatment. And the only way to make this possible is to improve our delivery system for health care services.

We need to improve and add to our store of out-patient clinics and other ambulatory facilities. And we need to make sure we are using professional and non-professional personnel as wisely and efficiently as possible.

I believe, in short, that we can find considerable room for improvement — in this country and, I suspect, throughout the world — in tuberculosis control and in the provision of health services generally.

As you know, we in this country have been emphasizing the importance of comprehensive health planning on a local, state-wide, and regional basis. In certain instances, and especially in the control of communicable diseases, it is also necessary to have a coordinating and guidance mechanism at the national level. The mechanism we have found to be most effective as well as in keeping with our philosophy of decentralization of government is the Federal project grant.

The debate about general *versus* categorical programs and project *versus* formula grants will no doubt continue to rage. On the one hand, tuberculosis control must be related to other community health programs and tailored to fit local needs. On the other hand, communicable diseases such as TB, polio, measles, and rubella do not respect political boundaries. There will always be the necessity, therefore, for a reasonable degree of categorical direction and assistance from the Federal Government with regard to the control of these diseases. And I think this can be done without infringing on state and local autonomy.

The same principles apply to the *international* control of communicable diseases. I believe we can work out the cooperative arrangements which will enable us to master the technical problems without violating any nation's autonomy and authority. That, after all, is what international health work is all about.

The United States and other developed countries have been generous in the past with assistance to less developed countries in their efforts to control malaria, measles, tuberculosis, and other communicable diseases. I am hopeful that this will be continued and even strengthened in the future.

But we will always need the commitment, the dedication, the zeal of voluntary effort. You in this room have supplied these ingredients in great abundance. In this, your twentieth year, you can look back at two decades of outstanding achievement. But I know you do not wish to look back.

I join with you in looking ahead to a world free from tuberculosis, free from misery and disease and poverty. And speaking both for President Nixon and Secretary Finch, I wish you well in the great task that lies ahead.

Dr. PERKINS:

As you will see from your program, at this point I am supposed to make some comments as president of the International Union Against Tuberculosis. I have no intention of giving a prolonged presidential address, I assure you, either now or at the closing assembly on Saturday, when I shall have another opportunity to make some comments. However, I should like to say that my serving as president of the Union these past two years and presiding at this Conference are indeed the climax to my medical and public health career. I am very grateful, both to the Union for giving me the opportunity to so serve, and to my Board of Directors

for inviting the Union to hold its XXth International Tuberculosis Conference in the United States, as well as for approving my devoting the necessary time to the Presidency of the Union. And while I am paying tribute to the NTRDA Board of Directors, may I express my appreciation to the current and past presidents of the National Tuberculosis and Respiratory Disease Association, the American Thoracic Society and the National Respiratory Disease Conference for their strong support of the participation by the NTRDA in the work of the Union, and their own personal participation in the Union's affairs.

Although the Union is still woefully understaffed and underfinanced, and has just begun to play a truly significant role in the world-wide conquest of tuberculosis, its progress since World War II has been notable. From a pleasant, small international medical society with an annual budget of about \$2,500, dominated principally by Western Europe and North America, and concerned almost solely with holding a biennial conference, it has become a truly world-wide, influential organization. It now has a basic budget of about \$140,000, and much more than that in specially contributed mutual assistance funds. It has given increased emphasis to the public health aspects and the role of paramedical personnel in TB control programs. The executives of its constituent national associations have been provided a forum through the Union for exchange of information on administrative and program matters. Committees representing the top scientists throughout the world have been established to advise on technical aspects, as well as to recommend and even conduct needed TB research. Four regional organizations have been established; namely, for Latin America, Madagascar-Africa, the Near and Middle East and the Far East. The number of constituent members has doubled. A full-time competent executive has directed the headquarters office since 1952: Dr. William Gellner from 1952 to 1961, and Dr. Johannes Holm since then; and much of the progress of the Union during the last 15 years has been due to the dedicated efforts of these two physicians. Dr. Gellner, unfortunately, is no longer with us, but let me ask Dr. Holm to stand and receive our applause.

In conclusion, let me speak as chairman of the overall steering committee in charge of planning the medical and public health program content of this Conference. The names of the members of this committee, as well as of its two subcommittees on medical sessions and public health sessions, respectively, are in your printed Conference program.

At this time I should like to recognize the chairman of the two subcommittees. First, the chairman of the Medical Sessions Subcommittee, Dr. William B. Tucker. Dr. Tucker is also no stranger to the Union, having been a member of the Council and having served and currently serving on its scientific committees. He also has served on the Union's program planning committees for the last two international tuberculosis conferences. Dr. Tucker is also a past president of the American Thoracic Society and is president-elect of the National Tuberculosis and Respiratory Disease Association. Dr. Tucker, will you please stand.

Co-chairman of the Medical Sessions Subcommittee is Dr. James W. Raleigh, also no stranger to the Union and former Medical Director of the American Thoracic Society. Will you please stand also, Dr. Raleigh.

Next, Mr. William E. Becque, chairman of the Subcommittee on Public Health Sessions, as well as serving as Secretary-General of this Conference. In the latter capacity, Mr. Becque, together with his hard-working and capable administrative

assistant, Mrs. Theresa Paoletti and other staff members, have been the principal chefs slaving in the kitchen for the last two years planning and preparing the numerous items on your menu for this week. Mr. Becque, will you please stand and take a bow.

May I take advantage of this opportunity to pay tribute as well to Mr. Becque's predecessors in the position of Executive Secretary of the NTRDA, both of whom have played such important roles in helping improve the scope and quality of the program of the Union in recent decades; namely, Mr. Frederick D. Hopkins and Mr. James G. Stone. Mr. Stone, by the way, has been serving as a consultant to us in planning this Conference.

The next speaker on the program is our respected and beloved Secretary-General, Professor Etienne Bernard. This is not the first time Professor Bernard has graced our shores. He visited us after the excellent international conference in Toronto in 1961, and prior to that in 1954 he was a principal speaker at the National Tuberculosis Association's annual meeting in Atlantic City. You will recall that the NTA president at that time was Mr. Mark H. Harrington, who is still on the Board of Directors and has always been a staunch supporter of the NTA's involvement in the IUAT. That annual meeting was quite a special one because we were celebrating the fiftieth anniversary of the founding of the National Association for the Study and Prevention of Tuberculosis, as the NTRDA was then known.

Well, Professor Bernard, I think we can stretch things just a wee bit and claim that we are celebrating *another* golden anniversary, that of the Union itself; for it was fifty years ago in 1919 at a conference in London that the decision was made by representatives of France, Great Britain and the United States of America, to establish an International Union Against Tuberculosis to replace the previous international tuberculosis organization which had ceased operations when World War I began.

Professor Bernard is a revered clinician, as well as distinguished gentleman and scholar from a family of distinguished gentlemen and scholars. As Secretary-General of the Union for over twenty years he has successfully accomplished the difficult and delicate task of serving as a stabilizing influence, at the same time permitting and encouraging innovation and progress. Professor Bernard, may we hear from you now as we celebrate just a bit prematurely the golden anniversary of the Union.

Professeur BERNARD, *Secrétaire Général de l'Union Internationale contre la Tuberculose:*

Monsieur le Président, Mesdames, Messieurs,

Nous nous sommes déjà réunis une fois aux Etats-Unis. Quand je dis nous, c'est une façon de parler, car je ne crois pas que soient nombreux parmi nous ceux qui ont assisté à la Conférence de l'Union Internationale de Washington en 1926.

Si je vous disais que depuis 43 ans il n'y a rien eu de nouveau, vous ne me croiriez pas, malgré tout le crédit que j'ai auprès de vous. Et si au lieu que ce soit

moi, c'était Marc Twain qui le disait, vous ne pourriez vous empêcher d'affirmer que c'est bien le plus grand humoriste de votre pays.

Tant de choses ont évolué qu'il est plus rapide et plus aisé de dire ce qui n'a pas changé. Ce qui n'a pas changé, c'est que l'Union Internationale contre la Tuberculose, qui sous peu de jours entrera glorieusement dans sa cinquantième année, a continué la tradition de ses grandes Conférences Internationales. C'était la 5ème à Washington en 1926, c'est la 20ème aujourd'hui. Chaque Conférence a été plus brillante que la précédente et ceci ne sera pas démenti aujourd'hui.

Le mérite en revient à notre Président le Docteur Perkins, qui depuis 20 ans a servi l'Union avec un dévouement et une compétence dignes de notre admiration reconnaissante.

Il faut remercier aussi l'Association Nationale contre la Tuberculose et les Maladies Respiratoires.

D'avoir participé ici même il y a 15 ans à la célébration de son cinquantenaire et d'en avoir fait déjà l'éloge, n'atténue pas mon ardeur pour le faire encore.

C'est que votre Association peut servir de modèle pour celles qui ambitionnent de connaître une grande efficacité. De votre Association voici un échantillon de réussites: création d'associations locales, leur coordination et l'aide technique qui leur est nécessaire, animation des campagnes antituberculeuses, stimulation des pouvoirs publics, éducation sanitaire de la population et sa participation, incitation au bénévolat, appel à la contribution financière privée depuis le mécénat jusqu'à l'obole modeste mais innombrable à l'heure du timbre de Noël. Et aussi: aide aux laboratoires et aux services cliniques et larges subventions pour la formation médicale et pour la recherche.

Chacun sait combien votre Association s'intéresse à la recherche. Que de travaux il faudrait citer qui ont bénéficié de votre caution morale et de votre appui financier: la tuberculine et l'identification de son principe actif, la recherche par les tests tuberculiniques des groupes de population à risque tuberculeux élevé, les approches de l'immunité en tuberculose, l'histoire naturelle de la tuberculose chez les enfants et la chimiothérapie de la tuberculose infantile.

C'est beaucoup et ce n'est qu'un échantillon. En fait, votre Association depuis plus de 60 années a largement aidé les autorités officielles dans leur lutte contre la tuberculose.

Dans cette lutte il y a des étapes. Rappelons nous. Le siècle commence et pendant 40 années vous combattez pour endiguer la mort tuberculeuse et pour la faire reculer.

Puis, pendant 25 années, grâce à la streptomycine de Waksman et aux autres antibacillaires, vous multipliez vos victoires sur la maladie tuberculeuse.

Et aujourd'hui voici une nouvelle étape puisque c'est l'infection, c'est-à-dire la maladie potentielle que vous voulez attaquer par la chimioprophylaxie. Après avoir maîtrisé la maladie, vous ambitionnez aujourd'hui d'écarter la menace seule de la maladie.

Hier bataille gagnée sur la mort par tuberculose, aujourd'hui bataille gagnée sur la maladie tuberculeuse, demain bataille que vous gagnerez sur l'infection tuberculeuse. Une trilogie qui, si vous poursuivez vos efforts, vous amènera à la victoire finale.

Mais il y a encore des ombres dans ce beau ciel. Vous le savez et vous faites même votre autocritique.

Le premier Bulletin de votre Association pour 1969 a pour titre: *Pauvreté et*

Santé, et le principal article: La maladie chez les pauvres: Le défi à la médecine aux Etats-Unis (the challenge to U.S. medicine).

Vous pensez à ces pauvres qui dans vos grandes cités habitent des quartiers sordides, dont l'éducation est insuffisante et qui n'ont aucune formation pour gagner leur vie. Ils sont la proie de la tuberculose. Vous le savez, et vous vous interrogez: 'Comment se fait-il alors que presque chaque année un prix Nobel de médecine ou de sciences humaines consacre notre remarquable avance dans ces domaines, comment se fait-il que tant de nos concitoyens n'ont pas bénéficié d'une telle avance?'

C'est là une méditation profonde et c'est le moment dans nos assises internationales de considérer qu'à la notion selon laquelle les pays sont divisés entre pays sous-développés et pays développés, devrait se substituer ou s'ajouter la notion qu'il existe partout, même dans les pays les plus riches, des groupes humains sous-développés. Et ceux-là, la tuberculose les guette.

Mais nous vous faisons confiance. Puisque vous avez posé clairement le problème, puisque vous sentez au fond de votre cœur l'élan pour le résoudre, vous vous approchez de sa solution.

C'est parce qu'il en est ainsi que la lutte contre la tuberculose ne suffit plus aux ambitions de votre Association. L'horizon de vos activités s'élargit, celui aussi de votre générosité.

Vous souhaitez vous attaquer maintenant à l'ensemble des maladies respiratoires, sachant que la pollution atmosphérique et la cigarette abusive sont plus meurtrières aujourd'hui chez vous que le bacille de Koch.

Et puis, vous tournez vos regards vers les pays déshérités d'Afrique ou d'Asie où vous savez que la tuberculose demeure au point de vue sanitaire l'ennemi no. 1. Dans ces pays vous faites bénéficier les Associations nationales jeunes et encore balbutiantes, non seulement de votre aide matérielle, mais aussi de l'expérience de vos travailleurs sociaux qui enseignent aux bénévoles de ces pays comment on peut utiliser le bénévolat de façon utile. La bonne volonté ne suffit pas, il faut une bonne volonté éduquée et efficace sur le terrain.

Ouvrer contre toutes les maladies respiratoires, apporter votre aide à la lutte contre la tuberculose considérée comme un problème mondial, ce sont là pour vous de nouveaux combats. Vous les abordez avec toutes vos qualités.

Votre esprit pionnier, vous l'avez encore, vous l'avez toujours. Ce n'est plus, comme aux siècles passés, la ruée vers l'Ouest pour défricher des terres nouvelles. C'est la ruée vers les nouveaux problèmes de la civilisation. Votre jeunesse vigoureuse va de l'avant. Sa formation n'est pas alourdie par des millénaires d'histoire et son travail n'est pas gêné par les chaînes de la routine. Son dynamisme l'entraîne vers une technique de plus en plus perfectionnée qui améliore la condition humaine. Son esprit fraternel n'étonne pas quand on voit que vous savez, en une génération, faire des Américains avec des émigrants venus de toutes les nations. Vous avez eu de longue date une grande puissance d'attraction. Vous aviez pour vous, certes, l'étendue du territoire, mais ce n'eut pas été suffisant, on venait chercher chez vous le refuge de la liberté et le travail dans l'indépendance.

Vous avez eu 20 Nobel de médecine. Beaucoup étaient nés loin d'ici. Voici Alexis Carrel venant de Lyon, voici Landsteiner originaire de Vienne, voici votre grand Waksman ancien écolier de Kief. Ces savants venus de la vieille Europe vous ont rendu en gloire ce que vous leur aviez donné en accueil.

Ces savants, avant que d'entrer dans l'Histoire, étaient de modestes chercheurs qui avaient besoin de laboratoires, de matériel, d'assistants compétents, de sub-