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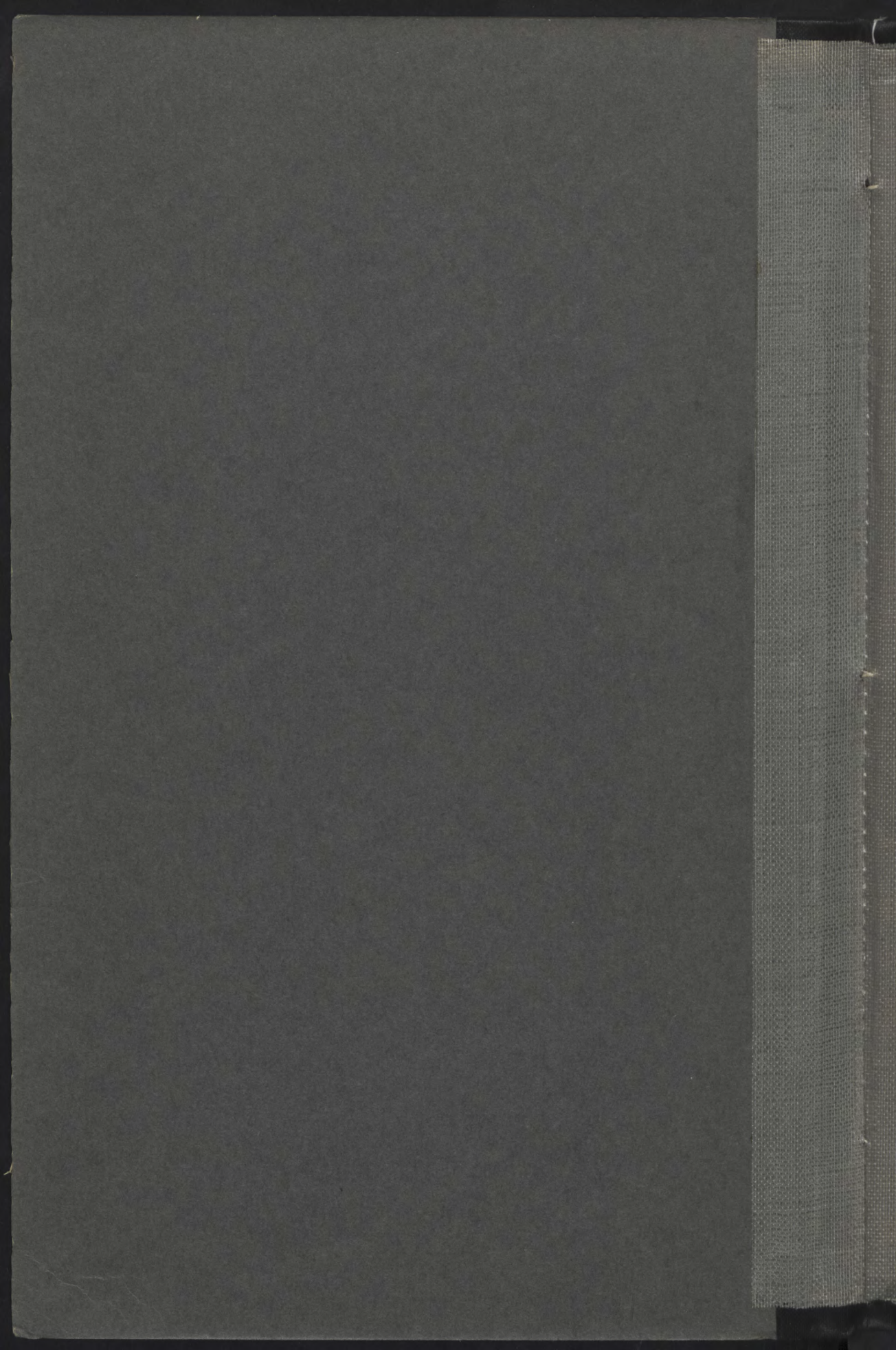
Annual report of the Division of
tuberculosis hospitalization, 1957.

Colorado. State department of
public welfare.

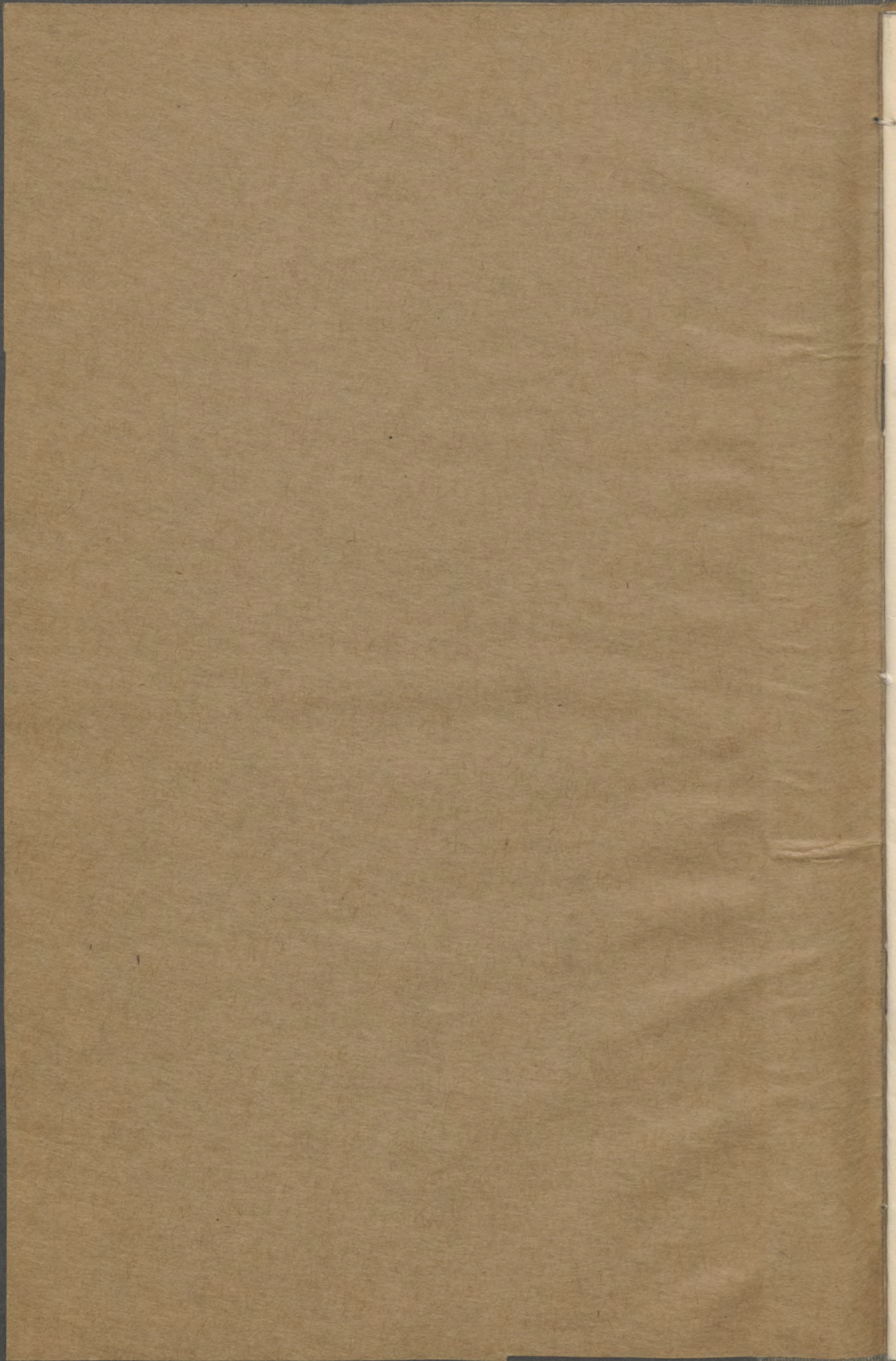
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ANNUAL REPORT FOR 1957

STATE OF COLORADO

Division of Tuberculosis Hospitalization

ANNUAL REPORT

1957

EDWARD N. CHAPMAN, M. D., *Director*

1452 Pennsylvania Street

Denver 3, Colorado



STATE DEPARTMENT OF PUBLIC WELFARE

Guy R. Justis, *Director*

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Publication Approved by James A. Noonan, Controller

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STATE OF COLORADO

Division of Tuberculosis Hospitalization

ANNUAL REPORT
1957

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ANNUAL REPORT FOR 1957

DESCRIPTION OF THE TUBERCULOSIS HOSPITALIZATION PROGRAM

The hospitalization of persons with tuberculosis, who are eligible for care under the state law, is a function of the Colorado State Department of Public Welfare. This Department operates the Division of Tuberculosis Hospitalization as a separate medical care division. Liaison is maintained with the Division of Tuberculosis Control of the State Department of Public Health, which functions as the case finding agency.

CSW PW 4-30-58 F-22

An individual who has had twelve months of continuous residence in Colorado and who finds that he has active tuberculosis and is unable financially to assume all or even part of the cost of hospitalization may sign at once an application, furnished by his local county welfare department, for care under the Division of Tuberculosis Hospitalization. An investigation in connection with his application is made by the local welfare department. After the facts have been substantiated by the county welfare department, his application is forwarded to the Division of Tuberculosis Hospitalization together with his chest-x-rays and a medical report by his physician or clinic. The case is then rapidly reviewed medically and the person is assigned to one of eight different institutions. The whole process, on the average, does not consume more than ten days to two weeks from the time the patient signs his application until the time he is in bed in a hospital or sanatorium. True emergencies can usually be processed within twenty-four to forty-eight hours. There has been no waiting list for a bed under the program at any time for the last ten years.

Hospitalization of our patients is carried on at the following institutions, which have been approved by the Colorado State Board of Public Welfare and by the Director of the Division of Tuberculosis Hospitalization for the care of state patients and which are licensed by the Colorado State Board of Public Health.

Colorado General Hospital	Denver
Cragmor Sanatorium	Colorado Springs
Denver General Hospital	Denver
Glockner Penrose Hospital	Colorado Springs
Lutheran Sanatorium	Wheat Ridge
National Jewish Hospital (children only)	Denver
St. Mary's Hospital (temporary care)	Grand Junction
Swedish Hospital and Sanatorium	Englewood

Five of these eight institutions are general hospitals with special departments or isolation facilities for the treatment of tuberculosis. This is a situation which, I think, is likely to replace tuberculosis sanatoria throughout the country in time and Colorado has been in the lead in this trend.

Regular conferences are held with the staffs of these institutions by the Director of the Division and others on his staff; thus each patient's case is discussed every two months by a group composed of the physician in charge of the patient, a consulting chest surgeon, the head nurse, his medical social worker, occupational therapist and by the Director. Conferences of a similar nature are held every month on patients undergoing tuberculosis drug therapy paid for by the Division in the Denver Tuberculosis Clinic. Reviews of our patients undergoing treatment in the El Paso, Pueblo and Trinidad TB Clinics of the State Health Department are held at less frequent intervals. The net cost of care in 1957 under the Division of Tuberculosis was \$481,144.99, which cost was divided equally between the state and the counties from which the patients originated.

Results in 1957

There was an increase in the number of cases given care in 1957 by the Division, as compared with 1956, as shown in Table 1.

TABLE 1

TOTAL NUMBER OF CASES GIVEN CARE FOR TUBERCULOSIS

1952. . . . .	.501
1953. . . . .	.541
1954. . . . .	.505
1955. . . . .	.474
1956. . . . .	.398
1957. . . . .	.414

This does not necessarily represent an increase in the number of cases of tuberculosis in Colorado, but rather it is a reflection of the fact that more cases are now being given care in our Out Patient and Clinic Care Programs than heretofore.

The tables in the back of this report indicate that over 75% of our institutionalized patients discharged in 1957 had a desirable termination of their hospitalization. 20.8% were discharged completely from the program with their disease in an arrested or inactive stage (National Tuberculosis Association classification). 46% were discharged to Clinic or Out Patient care to continue on tuberculosis drug therapy and in most of these cases their disease was arrested or nearly so. 12% left against medical advice, 10.5% died and 5% returned to private physicians to continue drug therapy at their own expense and in these cases also their disease was arrested or nearly so in most instances. In 4% the original diagnosis of active tuberculosis was not borne out.

If the 87 patients discharged from Clinic and Out Patient care are combined, 51% were discharged as inactive cases of tuberculosis; 12.5% were inactive and discharged to private physician care. 12.5% were discharged against medical advice and 21.5%, or 17 cases, were transferred to hospitals or sanatoria. Of these 17 cases, 3 had a relapse of their tuberculosis and the other 14 were readmitted for delivery of babies, including post partum care and observation; surgery (non-tuberculous), psychiatric study or for some intercurrent infection like a non-tuberculous pneumonia. 2.5% died from causes not related to their former tuberculosis.

Our discharge against medical advice rate continues to be one of the lowest for public tuberculosis hospital care programs in the country. This fell to a new low in 1957. Only 12% of our total discharges in 1957 were discharged against medical advice, as shown in Table II.

Table II

PERCENTAGE OF TOTAL DISCHARGES LEAVING HOSPITALIZATION AGAINST MEDICAL ADVICE

1951. . . . .	.23 %
1952. . . . .	.19.2
1953. . . . .	.17
1954. . . . .	.13.4
1955. . . . .	.13.4
1956. . . . .	.13.1
1957. . . . .	.12

This does not necessarily represent an increase in the

We consider any patient as having left against medical advice who leaves an institution and is not rehospitalized under our program at another institution within thirty days. Cases are usually not returned to the institution which they left, but are rehospitalized in another hospital or sanatorium removed from the previous environment, which may have been a disturbing factor. If those patients who left against medical advice, but were rehospitalized within thirty days under our program, were included in the discharged against medical advice rate, the rate would rise to 14.4% instead of 12% as shown in the preceding table. A great deal of credit in this connection is due to our medical social service department, which is under the able leadership of Miss Caroline J. Hobson. She and Mrs. Florence Douglas, who joined our staff in the middle of the year, have given helpful service to patients and their families in connection with social problems and in working out satisfactory solutions. They have also given invaluable help in assisting the doctors in giving the patients an understanding of their disease. Where vocational rehabilitation is necessary, because the patient cannot safely return to his former occupation, they have referred him to the Division of Vocational Rehabilitation of the Colorado State Board for Vocational Education. Our social service department is also collaborating with other agencies in the setting up of case conferences on patients in various parts of the state. They also follow up on the social conditions of all patients discharged to our Out Patient or Clinic Care every six months, in collaboration with the local county welfare department and public health nurses.

In 1957, we were again very pleased by the small number of patients who had to be readmitted to hospitalization with a relapse of their tuberculosis who had previously been discharged from the program as having arrested or inactive disease. There were only six such cases and only one had definite x-ray changes in addition to the return of a positive sputum. In retrospect, five of the six cases had had what would now be considered inadequate tuberculosis drug therapy during their prior period of treatment.

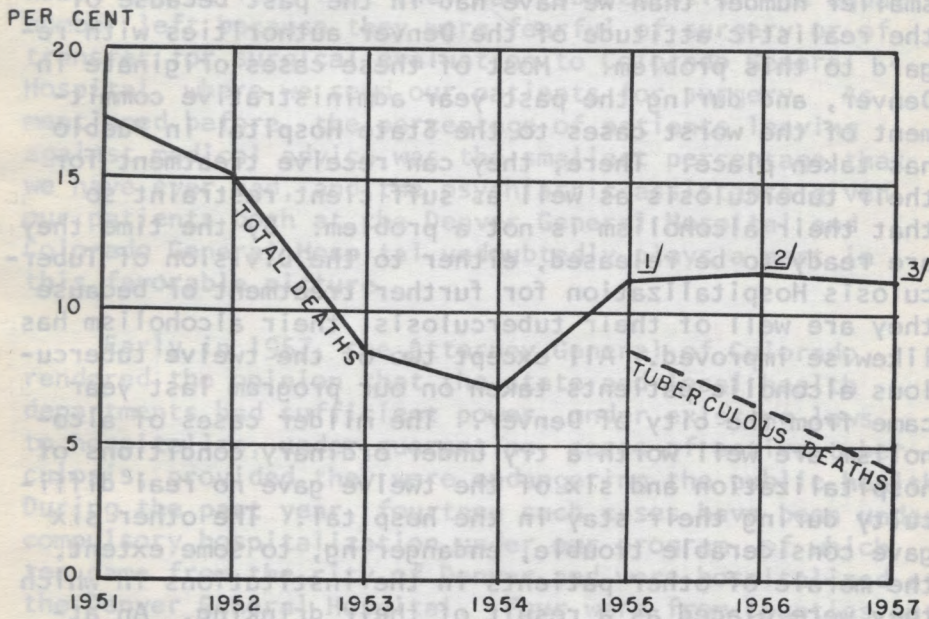
TABLE 1
TOTAL NUMBER OF CASES GIVEN CARE

Year	Total Number of Cases Given Care
1957	416
1956	380
1955	380
1954	380
1953	380
1952	380
1951	380
1950	380
1949	380
1948	380
1947	380
1946	380
1945	380
1944	380
1943	380
1942	380
1941	380
1940	380
1939	380
1938	380
1937	380
1936	380
1935	380
1934	380
1933	380
1932	380
1931	380
1930	380
1929	380
1928	380
1927	380
1926	380
1925	380
1924	380
1923	380
1922	380
1921	380
1920	380
1919	380
1918	380
1917	380
1916	380
1915	380
1914	380
1913	380
1912	380
1911	380
1910	380
1909	380
1908	380
1907	380
1906	380
1905	380
1904	380
1903	380
1902	380
1901	380
1900	380

We continue to be encouraged by the steady decline in the number of our patients who die from tuberculosis. Chart A illustrates the decline in tuberculosis deaths. In 1957 there were 9 deaths from tuberculosis versus 16 deaths resulting from other causes, such as cancer and diseases of the circulatory system. There was one surgical death during the year. One of the deaths included in the above figures occurred among our Clinic Care patients and one in the Out Patient Department and were not due to their tuberculosis.

CHART A

DEATH AS A PERCENTAGE OF TOTAL DISCHARGES
1951 - 1957



- 1/ 8.7 PER CENT IF NONTUBERCULOUS DEATHS ARE EXCLUDED
- 2/ 6.5 PER CENT IF NONTUBERCULOUS DEATHS ARE EXCLUDED
- 3/ 4.2 PER CENT IF NONTUBERCULOUS DEATHS ARE EXCLUDED

This year saw a marked decrease in the number of patients having to receive a disciplinary discharge. There were only 4 in 1957, as against 10 in the previous year. When a patient receives a disciplinary discharge from our program, he is rehospitalized, but in one of the other institutions cooperating with this Division in the care of tuberculosis, unless his disease is considered to have reached an arrested stage. Of the four cases receiving disciplinary discharges in 1957, one was committed to the State Hospital because of insanity; one was only a month away from a medical discharge and had reached an inactive stage of her disease and further drug therapy was not considered essential; the third went to the care of a private physician as a private case and the fourth was rehospitalized, under our program, in another institution.

The individual with both tuberculosis and alcoholism continues to be a problem. There were twelve such individuals under hospitalization this past year. This is a smaller number than we have had in the past because of the realistic attitude of the Denver authorities with regard to this problem. Most of these cases originate in Denver, and during the past year administrative commitment of the worst cases to the State Hospital in Pueblo has taken place. There, they can receive treatment for their tuberculosis as well as sufficient restraint so that their alcoholism is not a problem. By the time they are ready to be released, either to the Division of Tuberculosis Hospitalization for further treatment or because they are well of their tuberculosis, their alcoholism has likewise improved. All except two of the twelve tuberculous alcoholic patients taken on our program last year came from the city of Denver. The milder cases of alcoholism are well worth a try under ordinary conditions of hospitalization and six of the twelve gave no real difficulty during their stay in the hospital. The other six gave considerable trouble, endangering, to some extent, the morale of other patients in the institutions in which they were placed as a result of their drinking. An attempt is always made by our social service workers to interest these patients in the tremendous help which Alcoholics Anonymous can give to these people, if they

are willing to admit their weakness and seek help. Great difficulty is encountered because most of our alcoholic patients do not admit that they have any trouble with alcohol and thus are unwilling to seek help. In connection with this problem and other behavior problems, the greatly augmented psychiatric staff at the Denver General Hospital, thanks to the efforts of Dr. Florio, head of Health and Hospitals for the city of Denver, has been of tremendous help. The Denver General Hospital Tuberculosis ward has a concentration of the social problems to deal with and the three psychiatrists who have helped with our patients have been invaluable.

Alcoholism is also one of the chief reasons for patients leaving against medical advice. Over 25% of the patients leaving against medical advice during the past year were alcoholics; 20% left because they could not accept the restraint of hospitalization for one reason or another, and almost 20% left because they would not believe that they had tuberculosis. An equal number left because they were fearful of surgery or of transfer for surgical evaluation to Colorado General Hospital, where we send our patients for surgery. As mentioned before, the percentage of patients leaving against medical advice was the smallest percentage that we have ever had, and the psychiatric assistance given our patients both at the Denver General Hospital and Colorado General Hospital undoubtedly plays a part in this favorable picture.

Early in 1957, the Attorney General of Colorado rendered the opinion that the state and local health departments had sufficient power, under existing laws, to hospitalize, under quarantine, cases of active tuberculosis, provided they were endangering the public health. During the past year, fourteen such cases have been under compulsory hospitalization under our program, of which ten came from the city of Denver and were hospitalized at the Denver General Hospital. Four were from counties outside of Denver. These patients are not locked up (there has been only one exception,) and are placed with other patients undergoing treatment for their tuberculosis.

The results have been surprisingly good, when one considers the type of individual that most of these patients represent. We feel that the day of compulsory hospitalization of the recalcitrant patient with tuberculosis is here to stay. Certainly it is not necessary to place these patients under lock and key except in rare instances, and certainly they should not be hospitalized under compulsion until all other methods of education and persuasion have failed. Every person in this country should be entitled to his freedom of action, but this freedom does not extend to the point of being able to injure someone else by disobeying all reasonable public health rules and regulations.

As suggested already, the policy we are following more and more is to discharge cases from hospitalization to Clinic or Out Patient care. Where the state or local health departments hold tuberculosis clinics at least once in two weeks, we refer our hospital patients, upon discharge, to those clinics for further follow up and treatment with the tuberculosis drugs. Where no frequent clinics, staffed by specialists in tuberculosis care, are held by the health departments, we refer our patients to our own Out Patient Department. The tendency now is to treat a case of tuberculosis with the drugs which have been found most valuable for a total period of eighteen months to two years. A few cases of severe silicosis with tuberculosis are advised to continue the tuberculosis drugs throughout the rest of their life as a prophylactic measure.

During 1957 there were twenty counties with no cases of tuberculosis on our program. Under present law, counties with no tuberculosis pay practically nothing toward the support of the Division of Tuberculosis Hospitalization. Thus, there is an incentive for a county to rid itself of this disease.

A change in law enacted by the Colorado General Assembly in 1957 made it possible for the State Board of Public Welfare to substantially raise payments to sanatoria and these are now more in line with actual costs. This was a step long overdue.

Sunnyrest Sanatorium in Colorado Springs, which for many years had been used as an ambulant center for our patients, discontinued its care of tuberculous patients. This was a severe loss to our program, because the home-like surroundings and good food furnished by this institution made it an ideal place to send those patients who no longer needed extensive nursing care, but did need a pleasant environment in which to increase their exercise tolerance. We are thankful for its many years of useful service to this program.

A very intensive study of the handling of tuberculosis in Colorado by all state and local agencies charged with this responsibility is now under way. A team composed of five representatives of the United States Public Health Service plus Mr. Jarle Leirfallom, for many years Director of Welfare for the State of Minnesota, are now in Colorado engaged in this study. A report of their findings will probably be made public before the end of 1958. It is hoped that this report will bring clearly to light the strengths as well as weaknesses of our Division in handling its part of the problem. Certainly no other state in this country handles the care of tuberculosis in the same way as it is handled in Colorado through the use of many private, as well as some public, facilities. I shall never cease to wonder at the fine spirit of cooperation of the managements of these institutions in helping us to meet our problem. I am also very pleased with the ever increasing liberality with which county boards of welfare are interpreting the means test in their acceptance of cases for treatment under this program. These boards are showing an increasing awareness of their dual role of helping those in need and, at the same time and equally as important, helping to preserve the public health of their communities through the hospitalization of active cases of tuberculosis.

Again I want to acknowledge the wise counsel of Dr. James A. Waring, which I receive from time to time on the direction of this program; the help given, as consultant, by Dr. Roger S. Mitchell, Associate Professor of Chest Diseases at the University of Colorado School of Medicine, and the skillful surgery performed on our patients under

supervision of Dr. Fred R. Harper, Chief of Chest Surgery at Colorado General Hospital, Dr. Robert K. Brown, Dr. William B. Condon, Dr. Hugh MacMillan, Dr. Mordant Peck and Dr. William Wierman.

In the administration of this program I am keenly aware of the unfailing interest and help which I have received both from the State Board of Public Welfare and from Mr. Guy Justis, Director of the Department. The fine spirit of cooperation which exists within the Department and among members of my own staff has been a major factor in this year's results which are the best we have achieved thus far.

TUBERCULOSIS HOSPITALIZATION
 SURGICAL PROCEDURES
 PERFORMED ON TUBERCULOSIS PATIENTS
 COLORADO STATE DEPARTMENT
 OF PUBLIC WELFARE
 1957

PROCEDURE	NUMBER	PROCEDURE	NUMBER
Bronchoscopy	89	Pneumonectomy with Complete Thoracoplasty	1
Bunionectomy	1	Prostatectomy	1
Cavernostomy	1	Pulmonary Biopsy	2
Cystoscopy	10	Pulmonary Valvulotomy	1
Cystotomy	1	Removal of Mole	1
Decortication	1	Repair of Hernia	1
Excision of Scar	1	Resection of Bladder Neck	1
Extra Periosteal Plombage	1	Resection of Tailoring Thoracoplasty	5
Extra Periosteal Plombage with Thoracoplasty	1	Scalene Biopsy	3
Hysterotomy and Bilateral Tubal Ligation	1	Scapulectomy	2
Incision and Draining Abscess	1	Thoracentesis	2
Left Ureteral Lithotomy	1	Thoracoplasty	3
Lobectomy	10	Trans-Urethral Resection	1
Nephrectomy and Ureterectomy	1	Tubal Ligation	1
Pneumonectomy	3	Wedge Resection	3

EXPENDITURES
 DIVISION OF TUBERCULOSIS HOSPITALIZATION
 COLORADO STATE DEPARTMENT OF
 PUBLIC WELFARE
 1957

Total amount expended for patients in sanatoria.....	\$463,953.37
Amount expended for Out-Patient Department.....	\$11,613.85
Amount expended for transportation.....	641.18
Amount expended for burials.....	350.00
Amount expended for Clinic Care.....	12,239.84
	<u>24,844.87</u>
Total gross amount expended.....	\$488,798.24
Patient Days.....	75,061
Average cost per day including out-patient and clinic care..	\$6.51
Average cost per day excluding out-patient and clinic care..	\$10.41
Partial reimbursement by patients and relatives.....	<u>7,653.25</u>
Total net amount expended.....	<u>\$481,144.99</u>

TUBERCULOSIS HOSPITALIZATION

ANNUAL STATISTICAL REPORT

Year 1957

Period: 12-25-56 through 12-24-57

I. Compiled Monthly Reports

APPLICATIONS				
1. Applications pending from last year				13
2. Received during year				207
3. Total during year				220
4. Disposed of during year				217
a. Approved for sanatoria				177
New - 137	Readmit - 15	Reopen - 25		
b. Approved for Clinic Care				18
New - 6	Readmit - 9	Reopen - 3		
c. Not placed under care				15
Withdrawn by county - 10				
Disapproved - 5				
d. Directly to Outpatient				7
5. Pending at end of fiscal year				3
CASES UNDER CARE				
	SANATORIA	CLINIC CARE	OUTPATIENT	
6. Cases continued from last year	131	28		73
7. Added during year	194	65		67
a. Approved applications	177	18		7
b. Transferred from Outpatient	9	8		XXXX
c. Transferred from Clinic Care	8	XXXX		0
d. Transferred from Sanatoria	XXXX	39**		60
8.* Total under program during year	325	93		140
9. Terminated during year	217	29		58
a. Discharged	45	12		28
b. Death	23	1		1
c. Left against advice	26	2		8
d. Disciplinary	4	0		0
e. Nontuberculous	9	0		0
f. No longer in need	11	6		4
g. Transferred to Outpatient	60	0		XXXX
h. Transferred to Clinic Care	39**	XXXX		8
i. Transferred to Sanatoria	XXXX	8		9
Not previously hospitalized	XX	0		0
Previously hospitalized	XX	8		9
10. Continued to next year	108	64		82

* Represents 413 individuals.

** Includes 1 Clinic Care case transferred to Sanatoria for checkup.

ANALYSIS OF CASES DISCHARGED

Type of Tuberculosis	Inactive	Arrested	Active	Healed	Total
Sanatoria (Item 9a).....					45
Pulmonary.....	17	22			39
Spinal.....		1			1
Primary.....				1	1
Pulmonary and Renal.....	1				1
Pulmonary and Spinal.....	1				1
Pulmonary and Bone.....		1			1
Glandular.....		1			1
Outpatient (Item 9a).....					28
Pulmonary.....	20	7			27
Renal.....	1				1
Clinic Care (Item 9a).....					12
Pulmonary.....	8	1			9
Glandular.....	2				2
Abdominal.....		1			1

13

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STATE OF CALIFORNIA
 DEPARTMENT OF HEALTH SERVICES
 DIVISION OF TUBERCULOSIS AND RESPIRATORY DISEASES
 NUMBER OF DISCHARGES BY TYPE OF TUBERCULOSIS AND STATUS

state
 NUMBER OF COLORADO TUBERCULOUS PATIENTS WHO RECEIVED
 CARE IN SANATORIA AND OUTPATIENT DEPARTMENTS DURING 1957
 BY COUNTY

County	Under Care at the Beginning of 1957			Added During 1957			Total Under Care During 1957		
	Sana- toria	Out- patient	Clinic Care	Sana- toria	Out- patient	Clinic Care	Sana- toria	Out- patient	Clinic Care
Total.....	131	73	28	194	67	65	325	140	93
Adams.....	2	2	-	2	3	-	4	5	-
Alamosa.....	-	-	-	2	-	-	2	-	-
Arapahoe.....	-	2	-	2	-	-	2	2	-
Archuleta.....	-	-	-	-	-	-	-	-	-
Baca.....	-	-	-	-	-	-	-	-	-
Bent.....	-	-	-	-	-	-	-	-	-
Boulder.....	2	3	-	-	1	-	2	4	-
Chaffee.....	-	1	-	2	-	-	2	1	-
Cheyenne.....	-	-	-	1	-	-	1	-	-
Clear Creek.....	1	-	-	-	1	-	1	1	-
Conejos.....	2	1	-	5	2	-	7	3	-
Costilla.....	1	-	-	-	-	-	1	-	-
Crowley.....	1	-	-	2	1	-	3	1	-
Custer.....	-	-	-	1	-	-	-	-	-
Delta.....	2	2	-	1	5	-	3	7	-
Denver.....	45	11	25	67	10	34	112	21	59
Dolores.....	1	-	-	-	-	-	1	-	-
Douglas.....	-	-	-	-	-	-	-	-	-
Eagle.....	-	-	-	1	-	-	1	-	-
Elbert.....	-	-	-	1	-	-	1	-	-
El Paso.....	9	9	-	17	9	7	26	18	7
Fremont.....	-	-	-	1	-	-	1	-	-
Garfield.....	1	-	-	-	1	-	1	1	-
Gilpin.....	1	-	-	-	-	-	1	-	-
Grand.....	-	-	-	1	-	-	1	-	-
Gunnison.....	-	-	-	-	-	-	-	-	-
Hinsdale.....	-	-	-	-	-	-	-	-	-
Huerfano.....	2	2	-	2	-	-	4	2	-
Jackson.....	-	-	-	-	-	-	-	-	-
Jefferson.....	8	3	1	5	5	1	13	8	2
Kiowa.....	-	-	-	-	-	-	-	-	-
Kit Carson.....	-	-	-	-	-	-	-	-	-
Lake.....	1	-	-	-	-	-	1	-	-
La Plata.....	1	-	-	1	-	-	2	-	-
Larimer.....	2	2	-	6	1	1	8	3	1
Las Animas.....	3	3	2	12	-	11	15	3	13
Lincoln.....	-	-	-	-	-	-	-	-	-
Logan.....	-	-	-	4	-	-	4	-	-
Mesa.....	3	5	-	1	1	-	4	6	-
Mineral.....	-	-	-	-	-	-	-	-	-
Moffat.....	1	-	-	2	2	-	3	2	-
Montezuma.....	-	-	-	-	-	-	-	-	-
Montrose.....	1	5	-	5	1	-	6	6	-
Morgan.....	2	-	-	1	1	-	3	1	-
Otero.....	6	-	-	7	1	1	13	1	1
Ouray.....	1	-	-	1	-	-	2	-	-
Park.....	-	-	-	-	-	-	-	-	-
Phillips.....	-	-	-	-	-	-	-	-	-
Pitkin.....	1	-	-	-	1	-	1	1	-
Prowers.....	4	-	-	6	1	-	10	1	-
Pueblo.....	16	13	-	12	3	9	28	16	9
Rio Blanco.....	3	1	-	2	2	-	5	3	-
Rio Grande.....	-	3	-	2	4	-	2	7	-
Routt.....	1	-	-	-	1	-	1	1	-
Saguache.....	2	-	-	2	-	-	4	-	-
San Juan.....	-	-	-	-	-	-	-	-	-
San Miguel.....	-	-	-	-	-	-	-	-	-
Sedgwick.....	1	-	-	-	1	-	1	1	-
Summit.....	-	-	-	-	-	-	-	-	-
Teller.....	-	-	-	-	-	-	-	-	-
Washington.....	-	-	-	-	-	-	-	-	-
Weld.....	4	5	-	18	8	1	22	13	1
Yuma.....	-	-	-	-	1	-	-	1	-

state
 COLORADO TUBERCULOSIS HOSPITALIZATION
 PATIENTS PLACED UNDER CARE DURING 1957,
 BY AGE AND STAGE OF DEVELOPMENT

AGE	TOTAL CASES	PULMONARY								Evaluation	NON-PULMONARY				
		Total Pulmonary	Minimal	Moderately advanced	Far advanced	Silico	Miliary	Primary	Pulmonary and other		Pleural effusion	Tuberculous Meningitis	Renal	Glandular	Bone
Total	177	155	14	52	70	4	5	6	4	11	1	2	4	1	3
0-9	8	6	1	--	--	--	--	5	--	1	--	--	--	1	--
10-19	11	9	3	5	--	--	--	1	--	1	--	--	--	--	1
20-29	26	23	4	3	16	--	--	--	--	--	1	1	1	--	--
30-39	24	22	3	8	11	--	--	--	--	1	--	--	1	--	--
40-49	26	26	--	10	13	--	3	--	--	--	--	--	--	--	--
50-59	33	28	2	9	14	2	--	--	1	1	--	1	1	--	2
60-69	27	24	1	9	11	1	1	--	1	3	--	--	--	--	--
70-79	18	15	--	6	5	1	1	--	2	2	--	--	1	--	--
80 and over	4	2	--	2	--	--	--	--	--	2	--	--	--	--	--

TOTAL CASES

	Number	Percentage
Total	177	100.00
Far advanced.....	70	39.55
Moderately advanced..	52	29.38
Minimal.....	14	7.91
All other.....	41	23.16

state
**COLORADO HOSPITALIZED TUBERCULOSIS CASES DISCHARGED AS
 ARRESTED OR INACTIVE DURING 1957
 BY TOTAL LENGTH OF HOSPITALIZATION**

Number of months	Total number of persons		Arrested	Inactive
	Total	44		
1		2	--	2
2		3	3	--
3		4	3	1
4		1	1	--
5		1	1	--
6		2	--	2
7		3	3	--
8		2	1	1
9		3	3	--
10		3	3	--
12		2	1	1
13		3	1	2
15		1	1	--
16		1	1	--
18		3	1	2
19		1	--	1
20		1	--	1
25		1	--	1
28		1	--	1
32		1	1	--
33		1	--	1
37		1	1	--
43		1	--	1
79		1	--	1
85		1	--	1

	<u>1957</u>	<u>1956</u>	<u>1955</u>	<u>1954</u>
Arrested:				
Average	10.1 Mo.	13.0 Mo.	12.6 Mo.	12.3 Mo.
Median	8.8 Mo.	9.6 Mo.	8.3 Mo.	8.7 Mo.
Inactive:				
Average	22.7 Mo.	20.2 Mo.	18.0 Mo.	18.3 Mo.
Median	18.8 Mo.	12.8 Mo.	14.1 Mo.	13.7 Mo.
Total:				
Average	15.5 Mo.	15.8 Mo.	14.6 Mo.	14.0 Mo.
Median	10.7 Mo.	10.5 Mo.	9.9 Mo.	11.5 Mo.

COLORADO TUBERCULOSIS CASES APPROVED DURING
1957

Occupation	Number	Percentage
Total	177	100.00
Housewives.....	44	24.86
Office and Sales People.....	28	15.82
Agriculture.....	21	11.86
Skilled labor.....	21	11.86
None.....	20	11.30
Unskilled labor.....	12	6.78
Professional.....	11	6.22
Semiskilled labor.....	11	6.22
Foodhandlers and Service.....	9	5.08

STATEMENT OF NUMBER OF PERSONS UNDER ^{Colorado State}CARE FOR
TUBERCULOSIS DURING 1957

Type of Care	No. of Persons
Total	414
Sanatoria only.....	202
Outpatient only.....	71
Sanatoria and Outpatient.....	56
Sanatoria and Clinic Care.....	41
Clinic Care only.....	36
Outpatient and Clinic Care.....	5
Sanatoria, Outpatient, and Clinic Care.....	3

Last year there were 58 patients transferred from Sanatoria to Outpatient, whereas this year there are 60. Also, last year there were 17 patients transferred to Clinic Care, whereas this year there are 39.

NUMBER OF COLORADO ^{state}TUBERCULOSIS PATIENTS
DECEASED DURING 1957, BY AGE AT TIME OF DEATH

Ages	Number
10 through 19	1
20 through 29	-
30 through 39	4 *
40 through 49	3
50 through 59	5
60 through 69	1
70 through 79	8
80 through 89	3 **
Total.....	25

* 1 Clinic Care case deceased.

**1 Outpatient case deceased

1957

STATEMENT OF NUMBER OF PERSONS UNDER CARE FOR TUBERCULOSIS DURING 1957

Occupation	Number	Percentage
Foodhandlers and service	9	2.08
Semiskilled labor	11	6.22
Professional	11	6.22
Unskilled labor	12	6.78
Skilled labor	20	11.30
Home	21	11.86
Agriculture	21	11.86
Office and sales people	28	15.82
Housewives	44	24.86
Total	177	100.00

Type of Care	No. of Persons
Sanatoria only	414
Outpatient only	203
Sanatoria and Outpatient	71
Sanatoria and Clinic	41
Clinic Care only	36
Outpatient and Clinic	2
Sanatoria, Outpatient, and Clinic	3
Total	770

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Last year there were 58 patients transferred from Sanatoria to Outpatient, whereas this year there are 60. Also, last year there were 17 patients transferred to Clinic Care, whereas this year there are 39.

Age Group	1956	1957
0-4	1	1
5-9	1	1
10-14	1	1
15-19	1	1
20-24	1	1
25-29	1	1
30-34	1	1
35-39	1	1
40-44	1	1
45-49	1	1
50-54	1	1
55-59	1	1
60-64	1	1
65-69	1	1
70-74	1	1
75-79	1	1
80-84	1	1
85-89	1	1
90-94	1	1
95-99	1	1
Total	17	17

* 1 Clinic Care discharged.
* 41 Outpatient cases discharged.

PHOTOMOUNT

PHOTOMOUNT
PAMPHLET BINDER
PAT. NO.
877188
Manufactured by
GAYLORD BROS. Inc.
Syracuse, N. Y.
Stockton, Calif.

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Colorado. State department of public
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Annual report of the Division of
tuberculosis hospitalization, 1957.

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