

THE TUBERCULOUS ARMY RECRUIT.

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ONE of the most hotly disputed questions which has arisen in connection with the war, and one on which there appears still to be much difference of opinion, is, how far we are justified in recruiting for the Army men who show signs of pulmonary tuberculosis, either latent or arrested, or who give a definite history of previous tuberculous infection. One hears various arguments advanced in justification of the acceptance of such recruits, such as the well-known abundance and excellence of Army rations, the regular hours and discipline of Army life, and the completely open-air existence of the occupants of the trenches, all of which are urged as providing an excellent set of conditions for the "cured" consumptive. Some practitioners and institutions have even been known to boast of the number of former patients who are now serving with the Forces. But such arguments are usually advanced by enthusiasts at home, with their mental picture of life at the Front drawn from what they see in training-camps or in the illustrated press, and this slight account of experience with cases of pulmonary tuberculosis, gathered while serving on the Western Front, may be of interest.

Having an opportunity, while serving at a Rest Station behind the line, of examining a large number of cases sent back, not so much for any specified illness as for minor ailments, which it was hoped would be overcome by a three weeks' rest, I adopted a routine of making a careful examination of the chest of every man, and to my surprise—for it must be remembered that these were picked men, passed as fit for general service—I found a large number giving the complete clinical picture, both in symptoms and signs, of pulmonary tuberculosis. Of these, the large proportion were, of course, early cases, such as would be classified as Turban-Gerhardt, Class I., for cases of more advanced disease, if such were found—as, from my experience elsewhere, I think probable—did not come to the Rest Station. As these cases were drawn from all the Divisions in a Corps, and comprised men recruited from all parts of the kingdom, it will be admitted that the material was representative and sufficient, both in number and

variety, to allow of valid conclusions being drawn. On estimating the percentage of cases of phthisis pulmonalis in the total number of cases admitted to the Rest Station during a period of four months, I found that the number of cases diagnosed as phthisis amounted to 1.9 per cent. Of these cases, only a small proportion—less than 7 per cent.—gave a history of previous disease, or of treatment in a Sanatorium or Chest Hospital. So it must be argued that a large proportion developed clinical phthisis during their service, while in the trenches and subject to all the benefits which abundant rations and the admittedly copious ventilation of the fighting area are supposed to confer.

What probably occurs is the lighting up of a dormant tuberculous focus, no doubt dating from childhood; for if, as we are often told, phthisis is but the end of a lullaby sung at the cradle of the future consumptive, the exigencies of war stir its peaceful "aria" to a wild "crescendo." When this is what occurs with so large a proportion of healthy men, who at the time of their enlistment, at least, suffered from no obvious disease, how much greater is the probability of a serious breakdown in the case of the known consumptive, whose apices certainly harbour a mine which may be fired at any moment, and whose hold on health, even in the calmer surroundings of civil life, is at best precarious. In these days, when we hesitate to speak of the disease as "cured," but classify our most favourable results as "arrested," it is surely unjustifiable to expose them to conditions which are too much for a large number of the healthy population.

Several times I have been asked what is the factor that aggravates the tuberculous disease in these cases, so that, in spite of good and ample food and an open-air life, the tuberculous soldier succumbs so easily. It may be briefly stated as the absence of what is in every form of phthisis treatment regarded as essential—rest. In the trenches there is no rest. Sleep is sometimes possible, but it has to be snatched when one can get it, and even those periods when the Unit leaves the trenches and goes into what is euphemistically termed "rest," afford nothing at all comparable to the conditions which would be observed for a case of "arrested" phthisis. No matter what elements in a military life in time of war are regarded as of advantage to the phthisical, this one factor of the impossibility of adequate rest should be enough to outweigh them all.

The French, whose example in matters in connection with recruiting we would in many ways be wise to follow, make it an axiom that a definite history of tuberculosis, with the exception of tuberculous lymphadenitis, is to be regarded as a bar to enlist-

ment; and when it is clearly demonstrated, as in my figures from the rest camp quoted above, that the war is going to provide us with a multitude of phthisical cases needing care and treatment, surely we need not reinforce them by enlisting those who are morally certain only to provide occupants for our Military Hospitals, and material for the deliberations of the Pensions Board.

TUBERCULOSIS AND A MINISTRY OF HEALTH.

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ONE of the greatest difficulties that will beset the Ministry of Health, when it is established, will be to provide means for the proper handling of the Tuberculosis Problem. It has long been evident that the eradication of tuberculosis is a national question of the first importance. The arrest of the disease can only be achieved by complete co-operation of all interests concerned and co-ordination of all measures for prevention and treatment.

When the National Insurance Act, 1911, became law, extravagant hopes were entertained that its "Sanatorium Benefit" clauses would speedily produce a substantial effect upon the prevalence of tuberculosis and the mortality from the disease. It was soon realized, however, that the new system was only dealing with the fringe of the subject, and that large sums of money were being expended without any adequate return, so far as a reduction in the number of deaths from tuberculosis was concerned.

Since 1913 pulmonary tuberculosis has increased its toll of victims each year, especially in the industrial districts, and Sir Arthur News-holme has recently shown that in 1915 and 1916 the excess amounted to 12 per cent. Newcastle-upon-Tyne may be taken as a fair sample of urban centres providing abundance of work of an arduous nature, bearing an unenviable reputation for overcrowding, and containing a large number of people who feel the pinch of poverty. The number of deaths, from phthisis, registered in the city (residents only) rose progressively from 297 in 1913 to 388 in 1916, and for the first nine months of 1917 the figure stands at 326. Owing to the absence of many soldiers on active service, it is impossible to indicate to what extent the male population has participated in the increase, but very