

THE TUBERCULOUS SOLDIER.

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Whatever may have been opinions prevailing at the beginning of the war as to the effects of campaigning on the tuberculous subject, it has now been driven home, very forcibly, that men suffering from pulmonary tuberculosis can be of little use in the Army. The effects of continued active service, the strenuous life in the field, hardship, lack of food, want of sleep, prolonged and severe exertion, fear and mental strain, along with sanitary conditions necessarily far from perfect, have been seen to play a most important part in breaking down resistance to, and restarting, tuberculous processes in those already predisposed to tuberculosis, recovering from this disease, or subjected to infection by tuberculous material. In this war the static conditions under which our armies have had to fight have to some extent counteracted the effects of the open-air life, of ample and suitable rations, and of other elements favourable to the maintenance of health.

THE TUBERCULOUS SOLDIER IN FRANCE.

In France the problem of the tuberculous soldier is already receiving attention, and the danger of sending tuberculous soldiers straight back to their homes is becoming more and more fully appreciated. The Tuberculosis Commission has been negotiating with the Red Cross Society with a view to utilizing part of their resources for the creation of military convalescent homes and preventoriums, and agricultural colonies where tuberculous military men may be kept as convalescents or eventually discharged as unfit after a period requisite to re-establish them and instruct them how to live. In spite of all this, the essence of the problem, in France as elsewhere, remains untouched, as it is obviously useless to instruct a man how to live when he has not the means of following the advice given, or of putting those precepts, however sound in principle, into practice.

The problem is not only how best to "cure"

or arrest the disease of a great number of persons who have either contracted the disease while on active service, or have suffered an extension of pre-existing disease under the strain of military duties; it is a something far wider and much more difficult of solution. How to protect the community from a source of infection which has greatly increased as a result of war conditions is the problem—the fundamental principle upon which the treatment and prevention of the disease alone can be carried out.

The same subject has, however, in times of peace engaged the attention and taxed the energies of public authorities all over the country, and it has been recognized that the only way to combat the ravages of tuberculosis is to prevent the spread of infection from one individual to the other.

THE CARE OF ADVANCED CASES.

The question of dealing with "advanced cases" of consumption is no longer a new one, and local authorities have been and are urged in no measured terms to provide accommodation for such cases; but the appeal falls on deaf ears, or at any rate on ears which are incapable of transmitting the message to the intelligence of the community. The type of accommodation that is offered to advanced cases of tuberculosis is unsuitable enough: either some beds at a Poor Law infirmary or a few beds in a ward of an isolation hospital—accommodation so obviously defective and insufficient for the needs of the civilian population that, when considered in connection with the discharged tuberculous soldier, it is not only seen to be utterly inadequate, but unworthy of those discharged as no longer "fit" to serve in His Majesty's Army.

Are we justified in handing over our discharged consumptive soldiers to the Poor Law authorities, or in sending them for a few months to an infectious diseases hospital where they may be patched up, perhaps, and returned to their homes only to break down and succumb to the white scourge? Again, are we justified in offering to them domiciliary treatment by the Local Insurance Committee, and handing them over to the already overworked panel doctors, who, with the best intentions in the world, know how impossible it is to treat a case of advanced tuberculosis in a cottage? The position from a purely humanitarian point of view is not only inadequate, but altogether unsound, while the position from the public health point of view is certainly not a matter for congratulation.

The error of our system is gradually becoming

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