

Hyatt, HERBERT W.

Tuberculosis Among Ex-service Men

Today there are approximately 13,000 ex-service men in government hospitals, and of this number 5000 are tuberculous. Because this constitutes the largest number of this type of case ever before handled by government hospitals, the problem of hospitalization and care of these men has been a difficult one. It involves specially equipped hospitals for their care, outside of corporate limits of cities, specially trained staffs of physicians, nurses and hospitalization over long periods of time.

During 1917 and 1918 the government received and gave credence to exaggerated estimates with regard to necessary numbers of beds to care for this type of case. The rigors and exposure and hardship incident to French warfare presupposed that the incidence of tuberculosis among the fighting forces would be increased over that of the civilian population. Gas was also believed would be a predisposing factor but the U.S.P.H. estimated the requisite number of beds based on the incidence among civil population to be 12,000 beds and in April 1922 there were 11,300 tuberculous ex-service men being cared for in government hospitals.

As to the relationship of tuberculosis to individuals who were gassed at the Front, the Surgeons General Report 1922 states there was one and one-half times as much tuberculosis in the entire army as among those gassed at the Front in the French army and one and three-quarter times as much in the entire British army as among British soldiers having been gassed.

I will give a brief resume of the measures and changes which the government has found necessary for hospitalization and care of this type of case from the time of the war up to the present time: On October 6, 1917, Congress passed the War Risk Insurance Act. The

Tuberculosis Among Ex-service Men

-Page 2-

provisions of this Act provided hospital care for all disabled soldiers but made no provision for the construction of any such hospitals. Undue haste on the part of the soldiers in their desire for discharge and severance of all army ties hampered any care that might have been carried out in pre-existing military hospitals.

On March 3, 1919, the U.S.P.H.S. was named as an agency for hospitalization and care of disabled soldiers. December 8, 1919 House document 481 provided nineteen hospitals for care of tuberculous cases with 9300 beds at a cost of \$32,000,000. Other desirable features were; The hospitals were to be located near large centers of population to be served. These buildings were to be served; they were to have spacious grounds, trees, lawns and a generally restful environment. This bill was however, defeated largely due to the old prevalent ideas on the treatment of tuberculosis, i.e. open air, tents and a stress on fresh air.

As things worked out the U.S.P.H.S. adopted two plans early in its administration which proved subsequently to be unsatisfactory. Ex-service men were given care in their own localities in contract hospitals and the government paid so much per soldier to the owners of these hospitals. The medical care was generally such as prevailed in the locality and surveys showed it in some cases to be efficient and others not.

The other method was the enlargement of pre-existing cantonments hospitals. On this coast, there were two, one at Palo Alto, Cal., and the other at Camp Kerry. These buildings were not suited to the purpose, being leaky and drafty as most of these hastily put together buildings were apt to be. There was lack of quarters for personnel. And as the physicians of the P.H.S. were civilians, they were free to

Tuberculosis Among Ex-service Men

- Page 3 -

leave at will and did so when there were no housing facilities for their families. The P.H.S. likewise had no enlisted personnel and so the the service was hampered in this request.

At present the care of disabled veterans is handled by the U.S.Veterans Bureau, a specially created department for that purpose. The U.S.Veterans Bureau has under its supervision 57 hospitals with 17,5000 beds; 13,000 patients, 5000 of whom are tuberculous. Personnel 11,347; Physicians 925 and 1425 nurses. 425 reconstruct-aides and 110 dietitians. The U.S.V.B. maintains a medical examiner in each County and Parish.

The report of the National Rehabilitation division of the American Legion's annual convention October 1923, gives a general survey of the hospital situation. The U.S.Veterans Bureau P.H.S. U.S.W.D. and U.S.Navy maintained in 1923 - 90 hospitals taking care of 7481 tuberculous cases of which 2252 cases were in contract hospitals or 23% of tuberculous cases.

In regard to the machinery for hospitalization of tuberculous ex-service men, as the disease may develop in after years, it becomes a matter of importance to establish the etiological relationship between the disease and service. The government states that hospitalization will only be allowed to those cases which are shown to be open cases three years subsequent to the Armistice. If not examined by a U.S.V.B. doctor within the prescribed time by law, they must present affidavits by a competent medical examiner to the effect that they have been examined within the prescribed period and found to have an open case of tuberculosis.

The Surgeon General's Report for 1922 in the P.H. bulletin

Tuberculosis Among Ex-service Men

Page 4

1922 sums up the difficulties and needs of the Service in affecting cures among these soldiers. The mental attitude of the soldier is a hindrance. These people become restless and homesick and impatient for quick cures. When they are at a distance from home transportation home is paid the first time and seems to act as an inducement to an early discharge. Of 9200 discharged during the year 1922, 3132 were discharged against medical advice.

There are exacting and persistent demands made on the Service by patients' friends and relatives for their removal to other climates. Northerners want to go South; Westerners desire to go East and the man in a high altitude wants to go to the coast. This is probably due in a large part to the restlessness engendered by army life. This change of climate is regarded today in the light of approved methods of tuberculosis treatment as obsolete.

The Service has been hampered by the lack of adequate knowledge and deficient instruction in treatment of tuberculosis in the modern medical school. Army schools in treatment of tuberculosis conducted by Colonel George E. Bushnell, Olen, N.C. provided a nucleus of competent physicians. Every tuberculosis hospital must give the entire personnel a course in tuberculosis, its treatment and diagnosis. Ignorance of tuberculosis has largely been fostered by the pernicious habit of turning tuberculosis patients from the doors of general hospitals and consequently the ignorance of the average doctor in matters of tuberculosis treatment.

The tuberculous case after examination is admitted routinely into any medical or surgical hospital of the P.H.S. which maintains wards for such patients and these act as clearing houses from which the men are sent to the tuberculosis hospital nearest at hand. An inspection tour

Tuberculosis Among Ex-service Men

-Page 5-

undertaken by five doctors for the National Tuberculosis Association to see whether grounds for criticism of the government care of tuberculous patients are justified, brought out certain facts. The shortcomings were lack of hospitals, sanataria and poor care given to those turned down by the draft. There is a general lack of properly trained physicians and nurses for this type of case, which the American Sanatorium Association maintains to be three times as imperative as climate, buildings and sites for the care of these cases.

Some of the Institutions are too large ranging from 500-1000 beds, to obtain maximum efficiency to the individual case. It is difficult to find satisfactory commanding officers, so a number of smaller more efficient hospitals are impossible. The author suggests an expedient to develop sufficient personnel, that is, by throwing all the responsibility on each ward surgeon and making him both administrative as well as medical head of his ward. A better nursing staff is needed and can only be developed by co-operation between physician and nurse and a healthier environment about these hospitals. There must be more discipline and regulation of the patients' habits. He calls attention to the fact that the patients have too much tobacco, too much liquor, too much money. The latter gives too much freedom and demoralizes discipline, which is an absolute requisite to a well-ordered sanatorium and to the recovery of the patients. The author states the problem of treating tuberculosis in government hospitals will cover the next twenty years.

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