ANNOTATIONS

REHABILITATION OF THE TUBERCULOUS

Doctor Brieger's book[1] presents a quarter century of health experience with the large group of tuberculous expatients and their families who lived and worked at the Papworth Village Settlement. The colony was founded in 1918 by the late Sir Pendrill Varrier-Jones, and the study is a fitting memorial to his pioneering work in the field of the after-care and rehabilitation of the tuberculous.

The scheme at Papworth grew out of the fact that quite a large group of treated tuberculous patients cannot endure the stresses of the competitive labor market without strong hazard to their newly won health. To minimize recurrences, a community for expatients and their families was set up with its hospital, shops, schools, and industries, the latter especially designed to meet the physical and economic requirements of the expatients. At its inception dolorous prophecies were made regarding the effect of such an environment upon the health of the children brought to the Village or born there. It was felt, on the one hand, that meticulous hygienic controls might result in the children's escaping tuberculous infection entirely but that they would be prey to the ravages of a rapidly progressive tuberculosis when they returned to the outside world. Others held that with so many infectious persons about them, the infants could not escape fatal tuberculous meningitis, and the older children, progressive "childhood" tuberculosis. Doctor Brieger shows that neither of these prophecies had substance.

Actually, and this is the main point of the study, no single instance of clinically progressive tuberculosis was encountered among the 108 children born in the Village. Nor did they escape primary tubercu-

[1]Brieger, E. M.: The Papworth Families. A 25 Years' Survey. (With a Preface by Sir Arthur Salusbury MacNalty.) London, William Heinemann — Medical Books, Ltd., 1944, 674 pp., Price 45s.

lous infection, since 42.5 per cent of them showed calcified foci in the lungs on chest roentgen films, 4.6 per cent had other pulmonary residua of the infection, and 1.9 per cent had evidence of a benign "childhood" infection in the making. Six deaths were recorded in the group, four occurring at birth. None of the deaths was caused by tuberculosis.

There were, in addition, 260 children born before admission to Papworth. Most of these had already been exposed in their homes to massive infection. It is not surprising, therefore, that five developed clinically active "childhood" tuberculosis and nine became ill with "adult" pulmonary tuberculosis, all but one case occurring in families with a positive-sputum patient. This incidence of tuberculous disease in "contacts" to positive-sputum source cases is of the same order, the author points out, as that reported by Opie among tuberculous families in Philadelphia.

It is to be regretted some of the data in this study are based upon clinical rather than radiographic findings, and that Moro's tuberculin test was used instead of the more reliable and universally accepted Mantoux test. These are inadequacies which are inherent in any material covering so great a span in years, particularly in the field of tuberculosis, where modern advances in diagnostic techniques have been so great. None the less, the figures concerning the Village-born children, as well as many other related data cited by Doctor Brieger, graphically confirm the beneficial effects of medical supervision, good housing and nutrition, and economic self-sufficiency upon persons living in a properly controlled tuberculous milieu.

At the present time, we have in the United States a few eminently successful rehabilitation and "conditioning" centers for the tuberculous. Their capacity is meager and the need for more of them is recognized. The village settlement scheme has not as yet received a trial here. In relation to our thinking about whether to take up the village scheme, it is important for us to know that contact infection among the children in such an environment does not prevent successful operation.

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