

The successful organisation and prosecution of such a complex study represent a tribute to the skill and pertinacity of the authors. Great care is devoted to method and design; the usual pitfalls of sampling, bias and contamination are anticipated and avoided. Many theoretical issues, however, receive little attention. The complex problems bearing on the clinical and statistical prediction of human behaviour are not mentioned; and difficulties associated with the concepts of stress, predisposition and neurosis itself are for the most part ignored. The outstanding contribution of the investigation resides in the large-scale demonstration which it provides of a much neglected method for the study of neurotic illness. Many of its defects might have been avoided if the ground had been better prepared by sound epidemiological studies. As it is, the work stands as a pioneering effort. For the peace-time psychiatrist its first sentence remains a challenge and a reproach: "Comparatively little is known about the natural history of the neuroses."

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TWO VETERANS ADMINISTRATION MEDICAL MONOGRAPHS

THIS monograph¹ described the findings of the Committee on Veterans Medical Problems of the National Research Council in Washington, D.C., relative to the effectiveness of x-ray screening of individuals at induction (July 1, 1942 or after although not later than July 1, 1945) and discharge (May 1, 1943–December 31, 1946) with a diagnosis of tuberculosis in World War II. The rosters comprised 3,099 randomly selected men discharged from the Army with tuberculosis and 3,000 men in the control group who were not discharged with a diagnosis of tuberculosis.

Three general topics are surveyed in this monograph: (1) comparison of x-ray readings of two roentgenologists, (2) effectiveness of the induction and separation screening procedures

¹ Long, Esmond R., M.D. and Jablon, Seymour, A. M.: *TUBERCULOSIS IN THE ARMY OF THE UNITED STATES IN WORLD WAR II*. Washington 25, D. C., Government Printing Office, 1955, VIII + 88 pp., \$1.50.

for tuberculosis, and (3) the epidemiological aspects of tuberculosis in the Army. This review will be primarily concerned with the third topic. One section was devoted to some of the social factors presumed to be of some importance; however, little new material was uncovered. Some previous observations were substantiated, namely, that the incidence of new tuberculosis developing while in service was significantly greater in nonwhite than in white men. It was further found that for white men aged 19–20 at induction, discharges were at a peak seeming “to imply that the incidence rate of new clinical disease is at a maximum at about age 20.” However, breakdowns among white men already infected at induction seemed to occur at older ages. No significance was attached to whether a veteran came from a background of urban or rural living. Furthermore, an analysis of the educational background indicated that there was no definite effect in relation to tuberculosis developed while in service. Of interest though in the examination of the factors of height and weight was that the data showed a greater incidence of tuberculosis among the tall and thin men. It was evident too that certain theaters of service manifested a higher incidence of tuberculosis because these men were exposed to a civilian population with a high prevalence of tuberculosis. The influence of the place of foreign service was demonstrated also by the high risk among nonwhites in the Mediterranean area and the low risk in the Pacific area.

The incidence of tuberculosis among the prisoners of war was very high, the estimated risk for prisoners being 3.5 times that for non-prisoners with overseas service. In this study these data are restricted only to the prisoners of Germans because men imprisoned by the Japanese were inducted into the Army before the study was undertaken. The branches and arms of service did not show any relation to the development of tuberculosis with the exception of the Medical Department. There was a high risk of tuberculosis here among both white and nonwhite, probably due to the association and exposure in this Department.

All the x-rays reviewed were read by two roentgenologists, and there were some discrepancies and disagreements between the two. This pointed up the greater reliability of dual readings

of chest x-rays at induction compared with single readings. Despite some difficulties the dual readings were felt to be an adequate substitute measure in lieu of better overall screening, a tuberculin skin test, and a follow-up observation period. In this manner it was hoped that at induction sick men, who are a definite hazard to the health of the other men, would be rejected thereby leaving a reservoir of potentially useful men who could be called upon in case of an emergency.

The second monograph² was a study of a representative sample of white, Army servicemen in World War II who survived imprisonment by the Germans and the Japanese, and a control sample of non-prisoners with similar combat experiences. A further characteristic of this study was its total dependence on records and questionnaires. The roster here consisted of 7,691 servicemen in both the European and Pacific theaters.

It was found that the survivors of Japanese prison camps had an excess of mortality during the first two years after liberation. The European prisoners, in contrast, showed no early effect on mortality. The major causes of death responsible for 64 per cent of the post-liberation mortality among the prisoners of the Japanese were tuberculosis and accidents. This high tuberculosis death rate was not unexpected in light of the general conditions in the Pacific prison camps. It was calculated that the "survivors had an approximate tuberculosis incidence of 36.6 per 1,000." Long and Jablon¹ "calculated a tuberculosis incidence rate of 0.74 per 1,000 during World War II among white, male inductees with overseas service and with not less than 25 months of total service." This excluded the Pacific area in as much as data were not available at the time.

To medical researchers interested in the tuberculosis rates and findings among veterans and prisoners of war in World War II, these monographs will be of considerable interest. The facts are most clearly stated. These useful publications, although evidently intended only for the Veterans Administration Medical group, might well be given a wider circulation.

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² Cohen, Bernard M., Ph.D., and Cooper, Maurice Z., M.D.: *A FOLLOW-UP STUDY OF WORLD WAR II PRISONERS OF WAR*. Washington 25, D. C., Government Printing Office, 1954, viii + 81 pp., \$1.50.