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SOME COMMENTS UPON TUBERCULOSIS
WITH SPECIAL REFERENCE
TO STUDENTS AT ILLINOIS

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Illinois University -- Health service

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During the academic year of 1934-1935 four cases of clinical tuberculosis were reported, two of which showed tubercle bacilli in the sputum. One of the patients was a graduate student and an assistant on the faculty, the second an instructor, the third a student, and the fourth a member of the family of the faculty.

At the time of the physical examination, it was found that 402 or 13.36 percent of the men examined were below the minimum requirements of the War Department for weight and development at their ages. A considerable portion of these were markedly sub-standard and the type which usually shows an increased predisposition to tuberculosis. Many of these have required special observation and consideration.

A brief study of the medical records of the members of the Class of 1939, as shown in Table I, reveals that 114 women and 191 men, who made a total of 305 students and who were 7.69 percent of the class, gave a history of tuberculosis in the family, had lived with patients, had had the disease, or showed clinical findings suggestive of tuberculosis. It will also be seen that the Class of 1938 presents a similar epidemiological problem.

TABLE I

Possible Contacts and Those Potentially Predisposed to Tuberculosis

	Class of 1939		
	<u>Men</u>	<u>Women</u>	<u>Total</u>
Those having a family history	145	95	240
Lived with a victim of the disease	38	16	54
Arrested tuberculosis	<u>8</u>	<u>3</u>	<u>11</u>
Grand Total	191	114	305

Class of 1938

	<u>Men</u>	<u>Women</u>	<u>Total</u>
Those having a family history	176	128	304
Lived with a victim of the disease	8	2	10
Arrested tuberculosis	<u>8</u>	<u>2</u>	<u>10</u>
Grand Total	192	132	324

Although on the whole the students live healthy, well-adjusted lives in college, 51 men and 62 women in the Class of 1938 ate only two meals a day. In many instances, this practice was motivated by economy, but in certain cases it was inspired by the desire to obtain the sylph-like figure so common in the second decade and so unusual after forty. Twelve of the students in the above class slept less than six hours and 521 less than seven hours. All of this shows that adequate food, rest, and sleep are not being used sufficiently by college men and women to give them the greatest resistance to the development of tuberculosis.

A large portion of the students of the University work to support themselves in part or in whole while in school. In addition, they usually take as near a full scholastic schedule as possible. Under such circumstances, the ill effects of cumulative fatigue has to be considered as a predisposing factor to disease in general and to tuberculosis in particular.

High Incidence at College Age

College age is a period of life in which tuberculosis is still claiming many victims. This disease causes more deaths between the ages of 15 and 45 than any other malady. For all ages, it is most common between 20 and 24. From birth to 14 years and from 25 to 64 tuberculosis

has shown a definite decline in incidence; but in young people from 15 to 24 when life holds the greatest promise, it has shown a discouraging resistance to preventive measures.

In the state of Illinois last year there were 4,124 deaths attributed to tuberculosis. Since nine active cases are usually left behind for each death, there are approximately 37,016 victims of the disease who, if brought together, could populate a city the size of Danville.

"Case reports last year were six percent higher than in 1933, and this year they are running about three percent above the 1934 figures. All evidence indicates that the rapid downward trend has been checked, at least temporarily. This turn of events has been favored by the economic conditions which have caused a curtailment of preventive programs on the one hand and reduced many people to situations that broke down resistance to the disease on the other."

In the presence of the above statements it might be assumed colleges were sending an increasing number of students to sanatoria for tuberculosis. Since this is not true, the conclusion that the number of undiscovered cases in colleges is considerable is most likely correct. Preliminary studies in certain institutions indicate that such is the case. "Ten times as many cases of tuberculosis are being reported from colleges where active control programs are being conducted than where little is being done about the problem."

Early Diagnoses Essential in Tuberculosis

The prevention as well as the arrest of tuberculosis depends upon its earliest possible diagnosis. To wait until symptoms become so marked as to cause the victim to seek medical attention or his associates to become alarmed as to his condition and to call a doctor is to permit the former to slide far down the hill and the latter to run a great risk of massive infection from open cases. Such delay is not modern medicine, but medieval methods, nearly a half century after the discoveries of Koch and Roentgen. To wait for hemorrhage, cavitation, and a positive sputum to diagnose tuberculosis is to subject its victim to unnecessary hazards, increased suffering, and prolonged hospitalization, and society to great economic loss because of his unproductiveness, the cost of his treatment, and the further spread of the disease.

Specialists of international reputation in the care of tuberculous victims have found that three out of every ten cases of tuberculosis sent for sanatorium treatment could not be diagnosed by the use of a routine physical examination alone. If such is true in the case of eminent authorities, it is doubly true of the average practitioner who could not detect the disease until it was well advanced.

If the University of Illinois is to protect its students adequately against developing tuberculosis with its suffering, handicaps, and cost to society, and is to take what would seem to be its proper place in combatting this "Captain of the Men of Death" in the state, it must -

1. Have careful medical histories taken of each student (now being done).
2. Provide a thorough physical examination for each registrant (now done).
3. Have each student receive the tuberculin test (not done here but is now being done in many of the leading colleges and universities of the country).
4. Provide an X-ray examination of the chest of each student who reacts positive to the test (not being done here because of inadequate facilities, but is being done at Michigan, Pennsylvania, Minnesota, Iowa State, Yale, Idaho, et al. Stanford and California will do so next year).
5. "Follow up" (now being done).