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WAR AND TUBERCULOSIS

Walter I. Werner

THE Four Horsemen of the Apocalypse—War, Famine, Pestilence, and Death—ride again.

Not only do they scourge the battlefronts and the conquered lands, but they are leaving their bloody mark on the civilian populations of lands far removed from the scenes of conflict. The war cannot be described alone in terms of individual battles. It must also be described in terms of production and transportation and sacrifice in the personal lives of huge masses of noncombatant civilians thousands of miles from the scenes of battle. Theirs is a war of hard work and a battle against disease which must be fought as fiercely as the enemy.

Tuberculosis is a chronic disease which always shows an increase during times of war. In England the mortality from tuberculosis since the onset of the war has increased 14 per cent among adults and 28 per cent among children. It comes as a result of the great strain put on the civilians. Their physical and nervous systems suffer from overwork and improper rest in their all-out effort to contribute to the victory. It comes as a result of the restrictions upon diet and hygienic living because of war conditions. So the pestilence of tuberculosis rides with the first Horseman—War. And there are hints already that war tuberculosis is beginning to take its toll in the United States.

In New Mexico and the Southwest the mortality rate from tuberculosis has been excessively high because of the large number of tuberculous persons who have migrated here seeking a climate favorable to their health. However, over a ten-year period the mortality rate from tuberculosis in New Mexico has decreased 43 per cent. This figure, however, may be misleading.

In an earlier paper it was shown that the mortality rate from tuberculosis among the health-seekers was only slightly higher than among natives of the state and was showing evidence of a decrease,

especially in the localities known as health centers. Among the natives the mortality rate from tuberculosis showed a rise. Therefore, the decrease in the mortality rate for the state is apparent rather than real, and the prevention and control of tuberculosis among native New Mexicans is an increasing problem.

The Maytag Laboratories of the Southwestern Presbyterian Hospital in Albuquerque, in coöperation with the New Mexico Board of Health, has carried on for the past five years a program of tuberculosis case finding. Students of elementary school, high school, and university age were tuberculin tested and those who showed a positive reaction were given the opportunity to be X-rayed. This group was not selected because they were students, but because in this way a larger number of youths could be reached at an age when there is a definite opening susceptibility to active pulmonary tuberculosis. Although the work of case finding centered about the school population, suspected families and contacts were encouraged to take part.

The population of New Mexico is mostly rural and semi-rural. Its population (394,863, exclusive of the Indians) is mostly (52.5 per cent) made up of the descendants of the Spanish Conquistadors. The remaining 46.5 per cent is of European descent, largely Nordic. One per cent are Negroes. In this paper these two groups are referred to in the local expression as Spanish-American and Anglo. About one-seventh of the state's population lives in Bernalillo County. This study is a review of 4,962 chest Roentgenograms taken of both native Anglos and Spanish-Americans of New Mexico.

Group tuberculin testing with P.P.D. mantoux (skin test) method reveals that there is no marked racial difference in the incidence of tuberculous infection, and in both groups the curves run practically parallel, revealing a gradual rise as the age increases.

From these data it was noted that the incidence of tuberculosis infection, morbidity, and mortality run fairly parallel. Two thousand six hundred and twenty X-rays were taken in Albuquerque and Bernalillo County and 2,342 were studied from other parts of the state. Comparisons of these two groups showed no marked difference in the percentage of cases found.

The ratio of cases found in the entire group was 3 per cent in the Anglo to 6 per cent in the Spanish-American. The Spanish-American female is very susceptible to the disease, the ratio being 1:2.5 of all

cases found. The percentage of cases found for the entire group is much higher than that for the country at large.

Thus New Mexico is faced with the real problem of combatting an increasing incidence of tuberculosis in its native population. Progress has been made in the early recognition and control of the disease, but there is still much to be done.

In these trying times when every effort is being made to meet the needs of the hour, the problem of tuberculosis should not be forgotten. There should be no let-up in the fight to conquer the scourge which claims its victims chiefly from the 18-45 age group, killing them off in their most productive years.

America and New Mexico need to keep fit to keep the machinery of war production and transportation operating smoothly. Regardless of where the disease may have originated—with health-seeker or native—tuberculosis is still New Mexico's most urgent health problem.