

Clinical and other Notes.

INCIDENCE OF PHTHISIS IN A SERJEANTS' MESS.

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THE medical officer in charge at Winchester, Lieutenant-Colonel W. L. Gray, R.A.M.C., raised this question as a problem that required some elucidation. The results may not be very conclusive; but I venture to bring them forward for publication as the facts of the case are interesting. It would not be fair to claim their entire correctness, for it will take two or three years to justify the present deductions. As a parallel I would refer to the history by Dujardin Beaumetz of eleven cases of phthisis that occurred among twenty-three clerks in an office during the course of twelve years, as the result of the introduction of the disease by the first sufferer.

In the early part of May, 1911, Lieutenant-Colonel Gray drew attention to the fact that Serjeant B. had been admitted into hospital suffering from tubercle of the lung, and reported that he "is one of a series of five cases which have occurred in this garrison, all having one common factor, viz.: sleeping, eating, or both, in the Serjeants' Mess of the Depot of the Hants Regiment. The striking feature is the fact that no cases of men suffering from this disease have been admitted to hospital during this period from any other source in the barracks. Milk and food for the serjeants' mess come from the same source as for the rest of the barracks."

The following table was appended:—

TABLE OF TUBERCULOSIS OF THE LUNGS, WINCHESTER, 1906-11.

Corps	Rank and name	Date of admission	Date of transfer	Patient slept in barracks	Patient messed in barracks	Remarks
Hants depot	C.-Sjt. P.	4.8.06	20.8.06	Bunk in serjeants' mess	Serjeants' mess	All seasoned old soldiers. Average age. About 18 years' service.
"	C.-Sjt. D.	1.1.07	7.1.07	Bunk in barracks	" "	
"	Sjt. H.	18.1.07	26.1.07	" "	" "	
"	Sjt. F.	9.2.08	15.2.08	" "	" "	
"	C.-Sjt. B.	21.4.11	Still in hospital	" "	(mess caterer) Serjeants' mess	

The serjeants' bunk was closed at the end of 1906, fumigated, &c., and the mess woodwork renovated. Prior to that three cases slept in the serjeants' mess, one being the mess caterer. No other cases among men were admitted for tubercle of lung from any other portion of the Rifle or Hants Depot Barracks during the period in question.

An immediate visit was paid to Winchester, and an interim report made.

Shortly afterwards, armed with fuller documentary evidence extending over five years, the conclusions mentioned in the second report were come to.

The gist of the reports was as follows:—

FIRST REPORT.

I visited the serjeants' mess, depot of Hants Regiment, Winchester, in company with the medical officer in charge, Winchester, and went through the entire building. I did not discover any obvious predisposing cause of phthisis in the building.

The only room used as a sleeping compartment during the past three years is a room in the lower storey, a semi-basement room. No known cases have occurred amongst the sleepers in this room. On the other hand a room referred to as a 'bunk' in the third upper storey, the cubic capacity of which is over 2,500 cubic ft., yielded the first two cases in Lieutenant-Colonel Gray's list. No man has slept therein for over three years. The last case in the list who is now suffering from phthisis also slept in that room three years ago—but I presume no connexion after so lengthy a period can reasonably be attributed to such remote occupation.

It is to be noted that after the occurrence of the first two cases the room in question is stated to have been thoroughly disinfected, and about this time much of the old woodwork of the mess generally, including that of the ante-room, recreation and dining-rooms in the basement, was renewed.

I can at present see no reason for impugning the sanitary condition of the serjeants' mess on account of the occurrence of the reported cases of phthisis during the past five years.

Of the five cases two only in my opinion are likely to be connected by the direct personal association of sharing the same sleeping apartment, that is Nos. 1 and 2. These cases were contemporary occupants, and the disease occurred at a reasonable intervening period to suggest such direct connexion. It is to be noted that there is no evidence available to show that the disease originated by such occupancy.

Hence other reasons must be sought for the prevalence of the reported incidence amongst the serjeants. These reasons are not obvious, and the subject requires some probing. It is an easy matter to dismiss the circumstance as a coincidence; but before doing so I think it would be well to call for further particulars of the cases.

I should like to see the clinical reports of these cases, particularly as to the cause to which the disease was originally attributed, and as to the existence of a family history of tubercle. The possibility of the overcrowding of the ante-room, dining-room and recreation-rooms of the

mess, a record of the serjeants sleeping in as well as of those using the mess at night for recreation should be ascertained, also whether spittoons or sawdust were used, and whether a notice prohibiting indiscriminate expectoration was posted. In my brief visit to day, these items of information could not be supplied off hand, and when I am supplied with them I propose to revisit Winchester if necessary.

SECOND REPORT.

On going further into this matter I find that Army Forms A.35 were duly rendered in the five cases previously referred to and afforded the following information:—

(1) Colour-Serjeant P. On his own statement "the disease started four months ago." (That would be the end of 1906.)

(2) Colour-Serjeant D. Onset date uncertain. Reporting medical officer states: "I have no doubt in my own mind that in the present case the disease was contracted by direct infection and close intimacy with a consumptive patient." (This was apparently Colour-Serjeant P.).

(3) Serjeant H. Occupied No. 2 N.C.O.'s bunk, B. Block, Hants Depot. Onset: "Probably about three months ago" (i.e., October 22, 1906). Source: "Suspected to have been contracted in serjeants' mess. Within the last six months there have been two cases of tubercle of the lung amongst the members of this mess. Working on the supposition that the disease was contracted in the serjeants' mess I have had the mess vacated with a view to the whole place, walls, floors, &c., being well scraped and thoroughly disinfected."

(4) Serjeant F. Occupied No. 3 Bunk, B. Block, Hants Depot. Onset: "Very doubtful. Has been in delicate health with a cough *for years*. There is little doubt that he contracted the disease before arrival in this station." Came to Winchester from Malta in May, 1906.

(5) Colour-Serjeant B. Onset: one year ago, i.e., May, 1910. Quarters: during the last four years has occupied N.C.O.'s room No. 4A, "A" Block.

In accordance with my request the medical officer in charge forwarded some clinical reports, invaliding documents, and medical history sheets that were in his possession, but no further information than the above could be deduced therefrom.

It seems to me, as stated before, that cases Nos. 1 and 2 are directly connected. From the information I have now obtained from the Army Forms, A 35, I think it is not incompatible with the facts that Serjeant F. may have been the originator of the whole series in that he had been "in delicate health with a cough for years" (he was subsequently proved to be suffering from tubercle); he arrived at Winchester in May, 1906. (Note that Case No. 1, Colour-Serjeant P., gives the date of his illness as the end of April, 1906); he was mess caterer, and probably very frequently expectorated infective material in the mess premises.

The disinfection of the mess, arranged and carried out in the early part of 1907, probably did good, but the mess was occupied by Serjeant F. for a full twelve months thereafter, and the possibility of further infection having taken place is only too probable. During this period, Case No. 5, the last in the series, was a frequent user and occupier of the mess. In his case it is interesting to observe the date of onset is given as one year ago, i.e., May, 1910. That would be an interval of two years from the time he associated with the previous case (No. 4, Serjeant F.); so that the direct connexion is not well proved.

Nevertheless, I think in face of the above facts that it would be well to vacate again the serjeants' mess and have all the rooms scraped and lime washed, the floors and woodwork washed with cresol solution, all culinary and other vessels disinfected. The spittoons in use should be boiled and treated with cresol. I suggest that cresol solution be substituted for sawdust in the spittoons in future; and it would be advisable to post an anti-spitting notice.

Furthermore I am of opinion that all the present members, occupiers and users of the serjeants' mess should be medically examined with a view to excluding reinfection by an incipient phthisical carrier.

In conclusion, I have to thank Lieutenant-Colonel Gray, R.A.M.C., for the very useful help he gave me in collecting all local information in the matter, which was more arduous than appears from the brevity of my digest of it. I have to acknowledge with thanks both his and Colonel Hathaway's permission to publish these facts.

HENOCH'S PURPURA IN ADULTS.

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OF the etiology of Henoch's purpura very little is known; two-thirds of the recorded cases occur below the age of 20, and three-fourths in males, but climatic and racial peculiarities seem to have no bearing on the incidence.

The pathology again is obscure. An angio-neurotic condition is almost certainly present, and analogy would suggest that it is due to a toxæmia whose origin is commonly attributed to intestinal causes; however, it seems probable that the attendant colic is a symptom of a general disease rather than of a local process; in other words, angio-neurotic œdema of the intestines is present.

The symptoms, any one of which may be absent in individual cases, are well known: arthritis, gastro-intestinal crises, hæmorrhage from mucous membranes, and skin lesions such as purpura, urticaria, œdema, and erythema. Acute nephritis is the most common complication.

The course is very variable, the usual sequence being arthritis,