

G. FRISING, LUND:

SOME REFLECTIONS ON ACCOUNT OF THE
DIMINISHED INCIDENCE OF TUBERCULOSIS AT THE
LUND ORTHOPEDIC CLINIC

(Abstract not submitted).

DISCUSSION:

H. Waldenström, Stockholm:

In reference to Frising's statement regarding the diminished incidence of surgical tuberculosis in children during the period he has been active in the Lund Clinic I would like to say that the same state of affairs holds true for Stockholm.

P. Haglund, Stockholm:

Wished to say that the obvious decline in the incidence of these diseases as evidenced by the experts is surely an indication that we should stave off out plans for the present to build a large sanatorium in Norrland for the treatment of these conditions. He did not think v. Rosen's suggestion about an annexe to the Hernösand Orthopaedic Hospital for certain cases referred to was in opposition to Rob. Hanson's claim for a uniform organization of the coastal sanatoria. There will always be cases who in certain stages of their disease will require a temporary hospital treatment without this necessitating a return to a coastal sanatorium. It would be better for these cases to be treated in one place by a specialist than being treated here and there in hospitals where no specialists are available.

G. Odelberg-Johnson, Stockholm:

Our view on the epidemiology of tuberculosis has recently undergone considerable changes. It was earlier held that most

people, even up to 98 %, were infected with tuberculosis, that this infection takes place in early childhood and that all tuberculous disease can be traced to this early infection. Different workers have subsequently shown that numerous adult persons show no clinical signs of tuberculosis and do not react to tuberculin. Such persons may in adult age contract a tuberculous infection. So has *Arborelius*, among others, found among previously tuberculin-negative conscripts a great number of cases of primary tuberculous infection.

Neander's investigations into the distribution of tuberculosis in Sweden show a mortality in pulmonary tuberculosis varying in different parts of the country and at present everywhere on the decline. This diminishing mortality must be due either to a diminishing tuberculous morbidity, a less potent malignity of tuberculosis or to a co-action of these two factors.

During my appointment at the Apelviken Coastal Sanatorium patients were admitted there from the whole country barring the counties of Scania. The greatest number of patients admitted during this period to Apelviken for surgical tuberculosis, children as well as adults, were domiciled in the counties of Norrbotten and Västernorrland, a large number also came from the counties of Jämtland, Älvsborg and Göteborg and Bohus. It is above all the county of Norrbotten but also those of Västernorrland, Jämtland and Göteborg and Bohus that still present a greater mortality from tuberculosis than other parts of the country, such as the counties of Södermanland, Uppland and Kopparberg besides most counties in Götaland. Naturally we cannot draw any statistical conclusions from the admissions to the Apelviken Coastal Sanatorium. — Dr. *Frising* maintains that the incidence of surgical tuberculosis in the county of Malmöhus has diminished in recent years. The mortality from pulmonary tuberculosis tends here to fall as in other parts of the country. It seems to me likely that the incidence of surgical tuberculosis bears a certain ratio to the total tuberculous morbidity and that with a diminished tuberculous morbidity or in the case of a lesser malignity of the tuberculosis it is reasonable to expect a decline in the incidence of surgical tuberculosis.

Dr. *Frising* draws attention to the great importance of prophylactic treatment of children with tuberculous infection. We are still lacking any reliable specific treatment of tuberculosis and must confine ourselves to a non-specific generally strengthening therapy which in many cases affords the patient the chance of overcoming the infection. Wallgren has shown that even in widespread changes in lungs and mediastinum of infants satisfactory results can be attained by such treatment.

We now know that patients with tuberculosis of the mediastinal glands excrete bacilli and consequently must be regarded as infectious. The symptoms of a primary tuberculous infection are diffuse and in many cases difficult to distinguish from symptoms of commonplace septic infections in the acute or chronic stage. Amongst the 256 patients admitted in 1929 to Apelviken for glandular tuberculosis and scrofulosis 45 or 18 % showed no clinical signs of tuberculosis and did not react to 1 mgm. »Alt-tuberculin Höchst«. — In order to prevent non-tuberculous patients from contracting any such infection, particularly children, tuberculous patients, thus also those with mediastinal and glandular tuberculosis, must be effectively isolated. At the Apelviken Coastal Sanatorium where the different categories of »glandular children« were inefficiently isolated at this period (1928—29) I had the opportunity of observing how a tuberculin-negative boy, aged 5, was infected from some unknown source and developed quite a large tuberculous focus in the lung.

It is of extreme importance therefore in sanatoria and other institutions to put new admissions in quarantine with satisfactory isolation arrangements until a thorough examination has been carried out, and subsequently to separate strictly tuberculous children from those who are free from such infection. Children to be sent to simpler homes, summer resorts etc. where facilities for diagnosis and efficient isolation are lacking, must be thoroughly examined before admitted to such homes, such examination to include tuberculin tests and roentgen examination. It is only by such means that we can guard ourselves against unpleasant surprises in the form of tuberculous infections of tuberculous-free children.