

THE JEWISH TUBERCULOUS  
SOME "NATIONAL" ASPECTS OF THE PROBLEM

By SAMUEL A. GOLDSMITH

This brief article is written to bring to the attention of Jewish social workers, principally, some general aspects of the problem of the Jewish tuberculous. The writer does not profess to be expert in the question. He feels, however, that social workers having borrowed so much from the sciences in order to create the "science" of social work ought, in so far as lies within their capabilities, give back at least some stimulus to the sciences, so that the sciences, particularly the science of medicine and the science of social work might reach a stage of mutual helpfulness.

The increasing importance in all the fields of Jewish social work and general social work of reaching an understanding in general with regard to the interrelationship that should exist between medical agencies and medical people on the one hand, and social agencies and social workers on the other, has led the writer to call the following facts to the attention of the readers of the *Quarterly*.

Whereas consideration will be had in the main of the matter of sanatorium care for the Jewish tuberculous, this article should not be construed in part or as a whole, as critical of the Jewish sanatoria, particularly of the national sanatoria. What will be proposed and what is, from the viewpoint of the writer, of the utmost importance is the need for a general conference of all agencies dealing with the Jewish tuberculous, for the purpose of evolving a program that will lead to the best utilization of all facilities and such extension of activity in this field as would achieve the best possible care of the tuberculous.

Whereas sanatoria have been built in many sections of the country in response to local needs or as expressions of local policy in medical or social service, national sanatoria have also engaged upon a program of progressive development in bed capacity. Naturally this development has been in response apparently to actual local needs that arose through the incursion into the local community, known generally as a health

resort, by persons who desire or who need the care of the sanatoria. It will, on the other hand, be granted that the consequent nationalization of this problem among the Jews particularly has not been guided by any fundamental conception as to the extent of the problem. It is not known how many Jews in the United States are sufferers from T.B. The national sanatoria or the local sanatoria have not even made a scientific guess in this direction. It has been quite generally assumed that Jews suffer less from incidence of T.B. in all forms than do other elements in the population of the United States, even including the native white population. Unfortunately, the information on this score cannot be made definite so long as no census is made of the Jews and so long as the mortality and other statistics do not include for the nation the mortality by such a division as would definitely designate the Jews as a separate group.

In the course of the work of the Bureau of Jewish Social Research, we have come across some very interesting indications. In several communities where the Bureau has made community-wide surveys, it has inquired with regard to the number of Jews and the number of people in the general population who were reported to or who reported at T.B. clinics, either at the dispensaries or at the clinics under the auspices of the Department of Health. The information from the Board of Health stations in Cleveland is typical in this respect:

REPORT ON NEW PATIENTS ADMITTED TO TUBERCULOSIS  
CLINICS DURING 1923

Health Station No.	Total new patients	Diag.	Pulm. T.B.
1	351 (10 Jewish)	74	(1 Jewish)
" 2	444 7 "	116	1 "
" 3	308 .. "	58	.. "
" 4	439 14 "	83	3 "
" 5	314 26 "	54	4 "
" 6	233 52 "	72	14 "
" 7	290 .. "	50	.. "
" 8	367 91 "	94	14 "
Total	2646 200	601	37

It will be noted that 2646 people (new patients) in the city of Cleveland visited the clinics. Of this number 200 were Jewish.

A diagnosis of pulmonary tuberculosis was made in the case of 601 of these people in the general population and in the case of only 37 Jews. Cleveland has an estimated Jewish population in the neighborhood of 86,000 and an estimated general population of almost 900,000. The number of Jewish "suspects" much more nearly approximates the percentage relationship of the Jewish community to the general community than does the number of Jewish people who actually on diagnosis showed pulmonary tuberculosis, with respect to the total number that showed pulmonary tuberculosis. As a matter of fact, the number who on diagnosis apparently suffered from pulmonary T.B. was very close to 5%.

Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, has made some very interesting studies with regard to the incidence of T.B. in various race stocks. For example, in a study published by the *Scientific Monthly* in January 1922, the Russians living in New York City in 1910, showed a death rate for males from T.B. of the lungs of 123.8; for females, Russians showed a death rate from the same disease of 74.7. It is assumed that most of these "Russians" are Jews. These rates are contrasted with the rate of 227.9 for males born in the United States and for females born in the United States of 140.1. It is interesting to note that these death rate figures apparently indicate that incidence of death from T.B. of the lungs among Jews is approximately one-half that of the native born population. These figures, it will be recalled, have just been indicated in the same general relationship, in the incidence of the disease in the case of people reporting at the Cleveland Board of Health stations.

From time to time, though not at such consecutive intervals as would make the figures very important, we have been receiving statistics concerning the deaths of Jews and non-Jews as published in the *Naier Haint*, Warsaw, Poland. These figures are appended herewith merely because they are of interest, not because they are conclusive. Taking for example the very few and scattered figures that are given of the deaths in the total community and the deaths in the Jewish community from T.B., it will be seen that here again the Jewish death rate from T.B. apparently is about one-half of that in

the general community. The Jewish population in 1922 in the city of Warsaw was 309,103 and the total general population 936,046. The figures in the instance of Warsaw are so small as not to be valuable except in so far as they constitute one of the few examples in which it is possible to get exactly figures of death rates among Jews from specific causes.

TABLE I  
MORTALITY STATISTICS IN WARSAW, POLAND

City	Period of time	Total deaths	Jewish deaths	Total deaths T.B.	Jewish deaths T.B.
Warsaw	April 1 to 7/23	217	47	50	8
"	April 22 to 28/23	256	52	55	11
"	April 29 to May 5/23	178	48	34	4
"	May 21 to 29/23	...	76	..	..
"	July 15 to 21/23	261	57	42	4
"	July 16 to 23/23	...	72	..	..
"	July 24 to 31/23	...	76	..	..
"	Aug. 5 to 11/23	248	76	42(?)	5
"	Aug. 7 to 13/23	...	77	..	..
"	Sept. 10 to 17/23	...	100	..	..
"	Oct. 15 to 22/23	...	86	..	..
"	Nov. 1 to 7/23	...	85	..	..
"	Dec. 11 to 18/23	...	97	..	..
"	Jan. 14 to 21/24	...	103	..	..

TABLE II  
DEATH RATE PER THOUSAND IN CERTAIN TYPICAL SQUARE BLOCKS, OLD CITY OF NEW YORK  
1906\*

Block	Types	Pulmonary T.B.
A	German .....	1.48
B	Austro-Hungarian .....	1.21
C	Russian Pole .....	0.83
D	Italian .....	0.96
E	Bohemian .....	4.10
F	Irish .....	4.78
G	Chinese .....	12.47
H	Syrian .....	3.91
I	Negro .....	8.64
General rates entire city.....		2.39

\* From study entitled "The Death Rate of the City of New York As Affected by the Cosmopolitan Character of Its Population" by Dr. William H. Guilfoyle, Registrar, Board of Health, New York.

TABLE III

## PULMONARY TUBERCULOSIS MORTALITY AMONG LEADING RACIAL GROUPS

Compiled from Reports Bureau of Records, New York City Department of Health and the United States Census Bureau During Four Year Period 1918 to 1921, New York City  
Based on Number of Deaths

Country of Birth for Deceased	Average Annual Crude rate per 100,000
Finland .....	342
Ireland .....	306
Norway .....	249
Greece .....	228
Switzerland .....	217
Sweden .....	202
Scotland .....	181
Austria-Hungary .....	165
England .....	136
Germany .....	133
France .....	130
Italy .....	122
Denmark .....	110
United States .....	108
Roumania* .....	92
Russia* .....	86
China .....	825
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New York City .....	122
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Jews on the East Side.....	83 per 100,000
Mt. Sinai District East Central Manhattan..	65 per 100,000
Tremont District .....	52 per 100,000

Though the instances cited are few, there is evidence that the general consensus of opinion that Jews suffer less than the populations among which they live under normal economic and social conditions from T.B. and that certainly the death rate from pulmonary T.B. is lower among Jews than non-Jews, is probably true. Let us for a moment then consider the requirements with regard to the number of sanatoria or hospital beds for the care of Jewish tuberculous in the United States.

\* Practically all Jewish.

The mortality statistics published by the Census Bureau based on the census of 1920 show for the calendar year 1920 the total number of deaths among the white population from T.B. in all forms to have been 80,062. According to the figures of the census, the State of Nebraska having been added to the registration area, there were 87,483,713 people in the registration area in that year. Because of the nature of the states included in the registration area, it can be fairly well assumed that practically the entire Jewish population of the United States lived within the registration area. Assuming also that the Jewish population was three and a half million, it would appear that about one twenty-fifth of the population of the registration area was Jewish.

Accepting for the purpose of argument the ratio established by workers in the field, that one hospital or sanatorium bed for the care of the tuberculous is required for every death among the tuberculous, there should have been, as a minimum requirement in 1920, approximately 80,000 beds.

In another study Dr. Dublin has estimated that at about this time there were some 70,000 beds provided throughout the United States.

If we were to assume that Jews died at the same rate from T.B. in all forms as did the general population in 1920, there should have been 3,203 beds approximately for the care of Jewish tuberculous. If we were to assume that the Jewish death rate from T.B. in all forms is approximately one-half that of the general population, then approximately 1600 beds would have been required. It is possible that the requirements would be somewhere between these two figures, though probably closer to 1,600 than 3,200.

Possibly one would be safe in assuming that the Jewish community in the United States will have done its full duty toward the Jewish tuberculous if it were to provide approximately 2,000 beds.

One must be cautioned to consider these figures mere approximations and not definitely statistically and scientifically established. The attempt to arrive at any figure at all is made merely because the entire problem must be somehow gauged and because this discussion is merely an effort to begin an

examination of the problem with a view to bringing about better cooperation.<sup>1</sup>

Actually, there are in the United States approximately 1,100 beds in Jewish sanatoria. This includes beds in local Jewish sanatoria and the beds in the national institutions in Los Angeles and in Denver, as well as in Browns Mills, N. J. This does not include the contemplated ventures in Asheville and White Haven. It also does not include the beds in the Workmen's Circle Sanatorium at Liberty, N. Y. It is necessary, however, in arriving at any figure, to understand that the figure of two thousand heretofore mentioned probably ought to be reduced to some extent by virtue of the fact that many Jewish patients are housed in municipal or county sanatoria maintained at the public expense. It is not as easy to arrive at any ratio between the number of Jewish patients suffering from T.B. who are likely to be willing to remain in non-Jewish hospitals for the care of the tuberculous as it is to arrive at a ratio of Jewish patients who are willing to remain in non-Jewish general hospitals when suffering from other diseases or abnormal conditions. But in any calculation that is to be made, some attention must be paid to the fact that there are Jewish patients in municipal or county institutions and that some of them probably would be willing to stay there though of course a considerable number do not like to stay.

It has sometimes been urged that all sufferers from tuberculosis must be accommodated in sanatoria. Driven by such a general idea, the impression has been created in the minds of workers for the institutions and in the minds of some of the general public, that nothing less than thousands of beds would be required to adequately meet the problem of the Jewish tuberculous. In this connection, it is important to examine some of the facts with regard to the results of sanatorium care. Studies of sanatoria show that the after mortality, to use Dr. Dublin's material again, must be considered as two to three times the normal mortality for the age, with respect to the cases that were admitted as incipient cases. Moderately advanced cases on admission show a mortality after discharge of from eight to ten times the normal for the age, and those

<sup>1</sup>The relation of the declining death rate from T.B. to the number of beds needed has not been considered here.

admitted as far advanced show a mortality of from thirty to forty times the normal for the age. The tuberculous, as a whole, appear to have a mortality of approximately fourteen to fifteen times the normal for the age.

It is apparent that cases admitted as incipient and as moderately advanced probably gain so much by sanatorium treatment that a number of lives, estimated at ten per thousand per year, by Dr. Dublin, are conserved.

Without some explicit facts with regard to the number of times these same patients may have been resident in or discharged from a sanatorium, it is not possible to calculate the actual number of lives conserved ultimately. In this connection, it is interesting to note, with regard to the two national Jewish institutions concerning which we have figures, namely, the National Jewish Hospital and the J.C.R.S., both in Denver, that in the National Jewish Hospital of 233 patients admitted in 1922, 74% had been in other institutions including the hospital itself. In the J.C.R.S. of 249 cases admitted in 1921, 50% had been in other institutions. The J.C.R.S. has published statistics covering the period of 1904 to 1922 in which it had admitted 1,736 patients of whom 933 had been previously admitted to the J.C.R.S. and 632 to the National Jewish Hospital, making a total of 1,565 out of 1,736.

A study has been made by Miss Dorothy E. Wiesner and published by the Statistical Service of the National T.B. Association, New York, of some 12,708 sanatoria cases discharged, covering 13 United States sanatoria and 3 in England. The study is interesting in its attempt to indicate something of the condition of the discharges from the sanatoria. According to the statistics compiled by Miss Wiesner, the time of greatest hazard is the period of five years following discharge. At the end of the first year, 37% of the discharged patients were dead; at the end of the second year 41%; third year 41%; fourth year 42%. It is probable that the high mortality of the first year after discharge is due to the difficulty of adjustment or possibility of the need for further treatment.

It is further interesting to note that of the 63% of the discharged and alive at the end of the first year 39% were productive, 24% unproductive. At the end of the second year 43% were productive, 16% unproductive. At the end of the

third year 44% were productive, 15% unproductive. At the end of the fourth year 45% were productive, 12% unproductive. The diminution of the percentage of unproductive and the gradual increase in those productive, is of course heartening.

Various attempts are being made, notably in the city of New York through its Committee on Jewish Tuberculosis, to make productive the sanatoria discharges. Various attempts are being made in other cities, both among Jewish and non-Jewish agencies, to care for the tuberculosis in other ways than through the sanatoria.

There can be no doubt, particularly in view of the fact that the extension of three or four of the institutions as national institutions has tended to nationalize the problem, that some agreement based on thorough discussion, ought to be had, as to what methods can be used to most adequately meet the situation. This is all the more necessary in view of the fact that the national institutions are receiving a terrifically high percentage of patients in the far advanced stages where the expectancy of life is small and where very little can logically be expected of the sanatoria in the way of after care.

In this brief discussion, an attempt has been made to bring to the attention of the Jewish social workers,

First, The probable extent of the problem among the Jewish tuberculosis;

Second, The probable extent to which machinery has been created to meet it, in so far as sanatorium care is concerned and

Third, The probable extent to which it is possible to rely on sanatorium care to actually help in a solution of the problem.

Quite irrespective of the question of finance and the question of treatment or of climate, the national sanatoria and representatives of local Jewish sanatoria, in addition to some representatives of important family care agencies, ought to meet for the purpose of a thorough discussion of this very important piece of health work. Such a group ought to study the Jewish sanatoria as a special group and ought to study the problem as a special problem for the purpose of arriving at conclusions with respect to the following:

1. The actual extent of the problem of tuberculosis among the Jews in the United States;

2. The actual extent to which some allocation or reallocation of existing sanatorium facilities can be made, for the purpose of either a specialization of treatment or for the purpose of making, in the light of what knowledge exists, the sanatoria facilities useful to a greater number. The probably high percentage of repetition in use of the same facilities by the same patients requires the utmost careful study;

3. The question of whether the additional beds probably required for the adequate handling of the problem of hospitalization of the Jewish tuberculosis, should be supplied at national institutions or at local institutions, including here the question of the provision for Jewish patients by the Jewish community through special facilities at municipal or county institutions. In the solution of this problem, particularly, the cooperation of social agencies such as family care agencies is essential;

4. The question of whether, in the event that the national organizations should find that it would be more advisable for local sanatorium facilities to be enlarged or established, they would not divert funds or whether the Conference group as such, would not raise funds for the purpose of enlisting local support in an extension of clinics or dispensary facilities for the examination of persons suspected of tuberculosis or persons already suffering from tuberculosis,—these clinics to be subsidized or established and to be responsible for such follow-up work, readjustment procedure medically as may be necessary for discharges from sanatoria, particularly discharges within their first post-sanatorium year.

Obviously the problem with which we are concerned is not purely medical or purely social, but a medico-social problem and requires the attention of both social workers and medical workers jointly.

Obviously also Jewish communities have provided either nationally or locally for separate sanatoria for Jewish patients because it was through such provision that they believed that the Jewish tuberculosis could most readily make recovery to health.

For some time now the issue locally and nationally has been beclouded by discussion centering itself principally about methods of financing national sanatoria. Work that has been done for the Jewish tuberculous in other ways than through sanatorium care has hardly been discussed, and the problem itself has scarcely received attention. It is to center discussion on the problem rather than on the question of method of treatment or the question of method of financing that these general "national" aspects of the care of the Jewish tuberculous have been briefly sketched.

Probably the Conference to discuss the general questions outlined heretofore ought not to be held in connection with the National Conference of Jewish Social Service. Were such a conference held in connection with the National Conference, the tendency would be toward postponement of action from year to year and toward a lack of necessary consecutive effort in planning for discussion and in arriving at conclusions.

What is needed is a dispassionate attempt at analysis of the entire problem somewhat as it has already been here sketched, in a Conference that would bring together the lay and professional workers in the principal agencies directly and indirectly concerned.

## THE BUSINESS CYCLE PART 2

### ANALYSIS OF NUMBER OF DESERTION CASES REPORTED FROM NEW YORK CITY TO THE NATIONAL DESERTION BUREAU BY DR. MAURICE B. HEXTER Executive Director, Federated Jewish Charities, Boston, Mass.

#### *Introductory*<sup>1</sup>

The earliest suggestion for the establishment of a national bureau to attend to the work of desertion amongst the Jews which we have found, is in June, 1900, when the First National Conference of Jewish Charities met in Chicago. This suggestion was made in the admirable report of a Committee on Desertions<sup>2</sup>, the Chairman of which was Judge Nathan Bijur. The following summarizes the findings of the Committee in its own words.

"1. That all our charitable institutions should endeavor, through the means of friendly visiting, the pulpit, the press, and at public meetings, to elevate the general tone of our poorer coreligionists and to impress upon them the honorable duty of providing for their families under all circumstances.

"2. In connection with this work it would be well if our institutions for outdoor relief could pursue a policy of endeavoring to afford sufficient assistance in proper cases to make the applicant self-supporting, thus removing the temptation to desertion.

"3. The several charities should report to each other monthly the details of all cases of desertion which come to their knowledge. This should be supplemented by the endeavor of each organization to ferret out the whereabouts of

<sup>1</sup>This introductory statement is included since this study will reach many individuals not intimately acquainted with the interesting and suggestive history of the movement which culminated in the establishment of the National Desertion Bureau.

<sup>2</sup>Report of the Committee on Desertions, in Proceedings of the First National Conference of Jewish Charities, Chicago, 1900, 52-69.