NOTIFICATION OF TUBERCULOSIS IN IRELAND: ITS FAILURE AND THE REASONS THEREFOR.

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IRELAND enjoys the unique distinction of being the first division of the United Kingdom to apply the principle of "Notification" to Tuberculosis by means of an Act of Parliament. This important step in the crusade against what has been somewhat picturesquely styled "The Great White Plague" was made legal by the Tuberculosis Prevention (Ireland) Act, 1908 (8 Edward VII., chapter 56), commonly called "Birrell's Tuberculosis Act," but in regard to the enactment of which Her Excellency the Countess of Aberdeen bore an honourable and not inconspicuous part.

This Act came into force on July 1, 1909. Its provisions are arranged in twenty-four sections, and the measure consists of four Parts, which deal respectively with—(1) notification and disinfection, (2) hospitals and dispensaries, (3) sanitary provisions, (4) general matters, including definitions.

Unfortunately, Part I., relating to notification and subsequent disinfection, is permissive and not compulsory. Section 3 provides—" (1) This Part of this Act shall extend to any urban or rural sanitary district in Ireland *after*

the adoption thereof. (2) The Sanitary authority of any such urban or rural sanitary district *may, subject to the approval of the council* of any county in which the district is situated, adopt this Part of this Act by a resolution passed at a meeting of the authority. (3) Fourteen clear days at least before the meeting a summons to attend the meeting, specifying the business to be transacted, and signed by the clerk of the sanitary authority, shall be sent by post to, or delivered at the usual place of abode of, every member of the sanitary authority. (4) A resolution adopting this Part of this Act shall be published by advertisement in a local newspaper and by handbills, and otherwise, in such manner as the sanitary authority think sufficient for giving notice thereof to all persons interested, and shall come into operation at such time (not less than one month) after the first publication of the advertisement of the resolution as the sanitary authority may fix, and, upon its coming into operation, this Part of this Act shall extend to the district."

The result of this permissive section has been that on March 31, 1913—the latest date for which official information is available at present—the notification of tuberculosis, in pursuance of Part I. of the Tuberculosis Prevention (Ireland) Act, 1908, had been adopted in only 50 out of the 311 districts into which the whole of Ireland is divided for public health and local government purposes. A list of the sanitary districts which had adopted Part I. is given at page xxvii. of the Annual Report of the Local Government Board for Ireland for the year ended March 31, 1913. That list includes 22 out of 96 urban districts, and 28 only out of 216 rural districts—truly a poor show after four years. The following significant paragraph follows the list:—"It is to be hoped that,

before long, steps will be taken to introduce the compulsory notification of tuberculosis in all the larger Urban Districts. Such a course is specially desirable in the County Boroughs of Cork and Waterford, where the incidence of phthisis is particularly heavy." This stereotyped paragraph has appeared year after year in the Annual Reports of the Board.

Through the courtesy of Mr. J. E. Devlin, Assistant Secretary of the Local Government Board, I am enabled to state that during the year ended March 31, 1914, 5 Sanitary Districts, including the County Borough of Waterford, have adopted Part I. of the Tuberculosis Act. Waterford County Borough came in on March 1, 1914. This brings the total number of districts in which the Act is operative up to 55, namely—3 county boroughs, 20 urban districts, and 32 rural districts.

In the year 1912, the Irish Local Government Board found that the Tuberculosis Prevention (Ireland) Act, 1908, required to be amended in order to meet the altered circumstances consequent upon the passing of the National Insurance Act in 1911. They had also become fully aware how completely the notification sections of the Tuberculosis (Ireland) Act of 1908 had failed to secure their object. Accordingly, in the Parliamentary Session of 1912 a short Bill was drafted with the primary object of facilitating the County Councils in making arrangements for the treatment of insured persons. The opportunity thus afforded was also taken to include provision for the compulsory notification of all cases of pulmonary tuberculosis. But the Bill was opposed owing to the compulsory notification clauses, and these had to be deleted. as otherwise the Bill would not have been passed. "It is much to be regretted that compulsory notification of the

disease had to be omitted, as it leaves this country in the unfortunate position of being the only portion of the United Kingdom where it is not in force, although the disease is more prevalent in Ireland, and consequently notification is more urgently required." These are not my words, but those of the members themselves of the Irish Local Government Board.

In England and Wales notification of every case of pulmonary tuberculosis must be made by the medical attendant to the Medical Officer of Health within forty-eight hours after the medical attendant first becomes aware that his patient is suffering from pulmonary tuberculosis. Such notification is made by a Medical Officer of a Poor Law Institution or a District Medical Officer under the "Public Health (Tuberculosis) Regulations, 1908," which came into force on January 1, 1909. A medical officer of any hospital must notify in like manner under the "Public Health (Tuberculosis in Hospitals) Regulations, 1911"; and every medical practitioner attending on or called in to visit any person found to be suffering from pulmonary tuberculosis in any stage must notify under the "Public Health (Tuberculosis) Regulations, 1911." These Regulations must be put into operation by every County and District Council.

Section 7 of the Tuberculosis in Hospitals Regulations, 1911, provides that no enactment in force shall render persons notified liable to any restrictions or loss of employment. Further, every County or District Council, on the advice of the Medical Officer of Health, shall disinfect premises or articles, or destroy or dispose of infectious discharges, give facilities or assistance, and supply articles such as spittoons to diminish the risk of spreading infection; appoint officers, and do whatever is necessary to

carry out these Regulations and those enacted in 1908. On the advice of the Medical Officer of Health leaflets may be distributed, containing advice regarding precautions, &c., to be taken by infected or other persons.

In Scotland very similar provisions for notification are in force. Regulations issued by the Scottish Local Government Board enact that all cases of phthisis must be notified to the Medical Officer of Health within forty-eight hours.

Now, compare the case of Ireland in regard to this matter.

In the first place, the adoption of Part I. of the Act does not lie entirely in the discretion of the local sanitary authority, save in the case of the six county boroughs in Ireland—namely, Dublin, Belfast, Londonderry, Cork, Waterford, and Limerick—the urban sanitary authority of which towns is, in each instance, also a County Council in itself. In all other cases the adoption of this Part of the Act by a sanitary authority is subject to the approval of the Council of the county in which the district of such authority is situated. This provision introduces an element of possible conflict of opinion between the legally constituted sanitary authorities of the county and the County Councils (outside the six county boroughs), bodies endowed and entrusted with no sanitary powers by the Local Government (Ireland) Act of 1898.

The permissive nature of the first part of the Tuberculosis Prevention Act—the really essential portion of the measure—to my mind, dealt a fatal blow to its power as an effective preventive agency.

Worse still was the provision contained in section 1, subsection 2, of the Act, whereby the duty of determining the forms and stages of tuberculosis to which, and the circum-

stances in which, the principles of compulsory notification shall apply, was entrusted to the Local Government Board for Ireland *after consulting with the President of the Royal College of Physicians of Ireland and the President of the Royal College of Surgeons in Ireland.* The Presidents were thus constituted an "Advisory Committee," *on paper.*

In the end, it is an open secret that the Presidents were not asked in the first instance what their views were—that is to say, they were not consulted in the ordinary sense, but were merely asked to approve the forms and stages of tuberculosis which the Local Government Board for Ireland "determined" should be notified.

On June 3, 1909, the Local Government Board issued an "Order" prescribing the forms and stages of tuberculosis to which, and the circumstances in which, section 1 of the Tuberculosis Prevention (Ireland) Act should apply. This "Order" came into operation on July 1, 1909. It prescribed that in every district to which Part I. of the Act extends, section 1 of the Act shall apply in the form of tuberculosis known as "tuberculosis of the lung," at any stage at which the sputum discharged by the person suffering is, in the opinion of the medical practitioner attending on such person, liable to communicate the disease to other persons. So far so good, but it was further provided by the Order that the section of the Act in question shall apply only in the following circumstances—that is to say, where the person suffering :—

"(1) Habitually sleeps or works in the same room as any other person or persons not so suffering ; or

"(2) Is employed or engaged in handling, preparing, or distributing milk, meat, or any other article of human food intended for sale to the public."

The extreme limitation of the circumstances under which notification is to be made renders the procedure of little or no value for statistical purposes, or even for prevention of tuberculosis. Only tuberculosis of the lung is to be notified, and that form of the disease only when the *sputum* is regarded as infectious. There may be no *sputum*, or bacilli may be absent when a specimen is examined. Tubercular meningitis and intestinal tuberculosis, so common and so fatal in young children, are ignored, and so also are all forms of surgical tuberculosis, affecting the lymphatic glands, the skin, and the joints.

I am aware that it is only pulmonary tuberculosis which is compulsorily notifiable in Great Britain. But it is notifiable in all its stages and under all circumstances. Other forms of tuberculosis are, of course, not so dangerous from the point of view of infection, or so likely to prove fatal. Of the deaths from all forms of tuberculosis registered in Ireland during the ten years 1902-1911, inclusive (11,355 in number), pulmonary consumption, or "phthisis," contributed exactly 77 per cent. In 1912, the percentage rose to 79 per cent.—7,452 deaths out of a total of 9,437 being due to phthisis. From these facts it will be seen that notifications of the pulmonary form of tuberculosis if made in all cases and at all stages would not only afford valuable information for statistical purposes, but also aid materially in the effort to combat this deadly enemy of mankind.

In each of the Annual Reports of the Local Government Board to His Excellency the Lord Lieutenant for the past four years a yearly summary is given of notifications of tuberculosis received in Belfast County Borough and in Dublin County Borough, classified according to age and

394   *Notification of Tuberculosis in Ireland.*

sex. The following tables appear at page xxviii. of the Report for the year ended March 31, 1913 :—

BELFAST COUNTY BOROUGH.

Notification of Tuberculosis for Year ended March 31, 1913.

Age periods					Males	Females	Total
Under 5 years	-	-	-	-	5	4	9
5 years and under 10	-	-	-	-	3	5	8
10	„	„	15	-	15	15	30
15	„	„	25	-	59	88	147
25	„	„	35	-	44	69	113
35	„	„	45	-	37	54	91
45 years and upwards	-	-	-	-	26	24	50
Total	-	-	-	-	189	259	448

DUBLIN COUNTY BOROUGH.

Notification of Tuberculosis for Year ended March 31, 1913.

Age periods					Males	Females	Total
Under 5 years	-	-	-	-	7	4	11
5 years and under 10	-	-	-	-	6	8	14
10	„	„	15	-	1	8	9
15	„	„	25	-	46	65	111
25	„	„	35	-	53	97	150
35	„	„	45	-	50	83	133
45 years and upwards	-	-	-	-	38	61	99
No age stated	-	-	-	-	—	1	1
Total	-	-	-	-	201	327	528

The members of the Local Government Board comment as follows on these tables :—

“ The total number of notifications is, in the case of Dublin County Borough, approximately the same as in the previous year, but shows a substantial reduction in the case of Belfast County Borough. In both instances, however, the notifications fall short of the recorded deaths from pulmonary tuberculosis, and cannot, therefore, be regarded as affording a complete index of the incidence of the disease. In the interests alike of patients and of the general community, it is important that notification should take place before the disease has reached an advanced stage, and it is to be hoped that sanitary authorities will bear this consideration in mind in connection with their administration of Part I. of the Tuberculosis Prevention (Ireland) Act, 1908.”

How far the notifications fell short of the deaths from pulmonary tuberculosis in Dublin and in Belfast during the year ended March 31, 1913, will appear by a reference to the Registrar-General's Quarterly Returns of Births and Deaths. In the City of Dublin such deaths numbered 842, compared with 528 notifications; in the City of Belfast the deaths were 813, compared with 448 notifications.

During the year ended March 31, 1914, the corresponding figures were :—Dublin : deaths, 1,069; notifications, 1,015. Belfast : deaths, 806; notifications, 414. The notification of tuberculosis, therefore, appears to be improving in Dublin, but quite the reverse in Belfast.

These figures appear to prove three things :—

First, that many, very many, cases of pulmonary tuberculosis are not notified at all in the largest cities of Ireland.

Secondly, that the limitations as to the conditions of notification laid down in the "Order" of the Local Government Board render notification, as practised in Ireland, unless for statistical purposes.

Thirdly, that it is obvious that the sanitary authorities do not receive that information relative to the prevalence of pulmonary tuberculosis which would enable them to cope successfully with that affection.

What is the remedy for the existing unsatisfactory position of notification of tuberculosis in Ireland?

Clearly it is that the Local Government Board should give full effect to the provisions of subsections (1) and (2) of section 1 of the Tuberculosis Prevention (Ireland) Act, 1908. Let the "Order" of June 3, 1909, "prescribing the forms and stages of tuberculosis to which, and the circumstances in which, section 1 of the Act shall apply" be repealed or amended, after consultation with the Presidents of the Irish Royal Colleges. In a new amended "Order" the "prescribed circumstances" under which notification is to be made should be extended, and applied to all forms of pulmonary tuberculosis in all stages of the disease (this provision is in force throughout Great Britain), as well as to such cases of surgical tuberculosis as are open and "running" and so infectious. All this can and should be done under the Act of 1908, if notification is to serve any good scientific or hygienic purpose.

SIR CHARLES CAMERON said that for statistical purposes it would be desirable that all cases of tuberculosis should be reported. It was a peculiar fact that the Irish people were particularly susceptible to tuberculosis. Statistics in New York as to the tendency to contract the disease showed that amongst Russians it was greatest, and the Irish population were next.

DR. ROWLETTE agreed that to a great extent the Act had been a failure, and that the cause was attributable far more to the inertia of the Local Government Board than to the local health authorities. He said that the purposes of notification were twofold—(1) To provide trustworthy statistics, and (2) so that preventive measures might be adopted. For the former purpose the system of notification adopted was useless, and he was surprised at the remark made in the Local Government Board Annual Report regarding the number of cases notified falling short of the number of deaths certified from tuberculosis. Bearing in mind the provisions of the Local Government Board Order with regard to notification of tuberculosis, he failed to see what relationship could exist between the two figures. In view of the introduction of the Insurance Act, which was to deal with tuberculosis, it was of extreme importance that trustworthy statistics should be available, but those responsible for carrying out that Act had not a single fact to rely upon as to the number of people suffering from the disease. It was almost certain that in Dublin, where the disease was rife, the sum at the disposal of the Insurance Committee would be inadequate, but up to the present, owing to the difficulties placed in their way, a great many who had been entitled to sanatorium benefit had not claimed it. He suggested that if the local authorities could be persuaded to take up extensive schemes to deal with tuberculosis there would be some hope of improvement. He did not consider that the Insurance Act would produce trustworthy statistics regarding tuberculosis, and it was not certain that the statistics of societies would be available, and, even if they were, they could not be looked upon as trustworthy.

THE PRESIDENT said it occurred to him that there was a difficulty with regard to the question of notification, as in this country people objected to having their diseases notified to anybody, and he doubted whether public health authorities always treated these notifications as strictly private.

SIR JOHN MOORE, replying, said notification to societies can never take the place of official notification, either from the point of view of statistics or for the purposes of preventive medicine. He thoroughly endorsed the remarks of Dr. Rowlette on the subject.