A MUNICIPAL SCHEME FOR DEALING WITH CONSUMPTION.

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(MEMBER.)

THE Local Government Board of Scotland has recently propounded by means of a circular and the re-issue of a paper by Dr. Philip, of Edinburgh, a complete scheme for dealing with tuberculosis of the lungs.

It may not be uninteresting to point out how the Sheffield scheme for dealing with this disease is developing, and to what extent it approximates to Dr. Philip's ideal.

Dr. Philip asks for—

1. A Tuberculosis Dispensary.
2. A Sanatorium.
3. A Hospital for Advanced cases.
4. An After-life Colony.

We have not advanced far towards the goal at present. We have:—

1. Compulsory notification, and a scheme approved to use some of the wards of the Isolation Hospitals for educative treatment and the selection of cases for Sanatorium treatment.

2. A Committee appointed for the purpose of establishing a Sanatorium. Some accommodation for open-air treatment provided by both Boards of Guardians.

3. Accommodation for advanced cases provided in separate wards by the Boards of Guardians.

Reverting to Dr. Philip's scheme, I think it will be found that when compulsory notification has been adopted there is no need to establish a Tuberculosis Dispensary.

When we have the use of the Isolation Hospital wards and a Sanatorium the routine will be something as follows:—

1. *Aid to early diagnosis.*—A medical man has a suspicious case. He sends the sputum to the Bacteriological Laboratory of the University, where it is examined free of charge, by arrangement with the Corporation.

2. *Notification.*—If the result of the examination is positive, the case is notified. If the medical man does not wish the case visited by the Tuberculosis Inspector he states so at the time of notification and fills in a special form stating that precautions are being taken to prevent the spread of infection. The form is filled in again every six months during the progress of the case. This procedure is only adopted in from one to two per cent. of the cases notified in Sheffield.

The Compulsory Notification Act has been in force since November 1st, 1903, and there has been no opposition on the part of the public or of the medical practitioners. I have no doubt there has been some little failure to notify on the part of the medical practitioners. This, however, is only what one would expect with a new Act.

The following is a statement of the number of deaths from consumption in the City of Sheffield:—

Period.	Number of Deaths from Tuberculosis of the Lungs.	Number of persons who have Died from Tuberculosis of the Lungs without being notified.
Nov. 1st, 1903, to April 30th, 1904	315	19
May 1st, 1904, to Oct. 31st, 1904	241	19
Nov. 1st, 1904, to April 30th, 1905	272	19
May 1st, 1905, to Oct. 31st, 1905	232	11

3. The following table shows the deaths from tuberculosis of the lungs and the cases notified in the years given. Voluntary notification began in the last month of 1899, and compulsory on November 1st, 1903:—

	1899.	1900.	1901.	1902.	1903.	1904.	1905.
Cases notified	29 (1 month)	309	282	326	519	826	741
Deaths	502	539	580	491	573	536	490

After notification has been in force for a few years, the difference between the cases notified and the deaths will not be so great. The difference between the two figures will be determined by the number who recover or die elsewhere, or who are certified as dying from some other cause.

The number of notified consumptives who are certified as dying from some other cause is considerable. Thus in 1904 twenty-five, and in 1905 twenty-seven notified consumptives were certified as dying from some other cause. In the case of thirteen and nine respectively of these the death was classified as from tuberculosis of the lungs, after consultation with the medical man who signed the certificate.

The period of the disease at which notification will occur will no doubt vary with the circumstances of the patient. Among the well-to-do one

expects early notification. Among the poorer classes the doctor will often not be consulted till the disease is fairly advanced.

The Act has not been in force long enough in Sheffield to enable me to say what period will on the average elapse between notification and death. When it first came into force a large number of cases which were very advanced would be notified.

I find that of the cases notified in the second half of 1904, that is, after the Act had been in operation for eight months, there were

Surviving 3 months after notification	...	62·2 per cent.
" 6 "	" "	52·3 "
" 9 "	" "	45·0 "
" 12 "	" "	39·6 "
" 15 "	" "	35·6 "
" 18 "	" "	33·5 "

3. *Supervision, &c.*—On receipt of the notification a special Inspector visits. He leaves a copy of instructions with the patient or the relatives. He advises as to keeping the windows open and furnishes the poorer of the patients with pocket spittoons free of charge. The spittoons cost 57s. per gross. The Inspector, on his first visit, gets all particulars and the history of the case and pays subsequent visits at regular intervals. In cases where the house is dirty or the patient much confined to the house by his illness the room is disinfected with formalin spray by the Inspector at the time of his visit. The room is also disinfected after death. The householder is asked to notify the death on its occurrence, and in very many cases this request is observed.

If the consumptive is still at work, enquiries are made as to his place of work, with a view to the removal of any causes which may have helped the development of the disease, or to the protection of co-workers from the risk of infection. The fact of workmen at factories having developed consumption is also reported to H.M. Inspector of Factories, so that he may make enquiries as to the efficiency of ventilation, the means adopted for the removal of dust, &c.

4. *Hospital and Sanatorium Treatment.*—When the infectious diseases' hospital wards are available for the reception of the patients, the inspectors will urge the cases notified to take advantage of them according to their circumstances. The idea is to take them for a month, as is done at Brighton, for the purpose of educating them and giving their relatives a rest, and also for the purpose of selecting those who are suitable subjects for sanatorium treatment.

An effort will be made to induce the badly-housed advanced cases at

the end of the month to go into the special wards provided by the guardians.

5. *Hospitals for Advanced Cases.*—There is no doubt that the special wards of the Union hospitals are at present accommodating a large number of the worst-housed cases, and to some extent supplying the need for homes for advanced cases. This has been suggested by Dr. Newsholme as one of the important factors in the decline of the death-rate from consumption.

The following table shows the percentage of the consumption deaths occurring in the Sheffield Workhouse Hospitals and the Sheffield consumption death-rate side by side since 1874:—

TABLE A.—*Phthisis Mortality in City and Workhouse Hospitals.*

Year.	Number of Deaths from Consumption in Workhouse Hospitals.	Number of Deaths from Consumption in the City.	Percentage occurring in Workhouse Hospitals.	Death-rate per 100,000 from Consumption in Sheffield.
1874	25	No record.	No record.	No record.
1875	32	No record.	No record.	No record.
1876	42	638	6·6	243
1877	38	658	5·8	247
1878	39	644	6·1	238
1879	35	601	5·8	218
1880	35	476	7·4	170
1881	41	480	8·5	168
1882	40	551	7·3	191
1883	39	635	6·1	217
1884	No record.	No record.	No record.	No record.
1885	54	560	9·6	183
1886	38	494	7·7	158
1887	54	534	10·1	168
1888	No record.	527	No record.	163
1889	62	552	11·2	168
1890	75	618	12·1	192
1891	81	551	14·7	169
1892	59	459	12·9	139
1893	74	552	13·4	165
1894	72	502	14·3	147
1895	76	473	16·1	136
1896	56	453	12·4	128
1897	90	522	17·2	146
1898	98	448	21·9	123
1899	117	502	23·4	136
1900	135	539	25·0	143
1901	142	580	24·5	141
1902	121	491	24·6	117
1903	142	560	25·4	134
1904	154	536	28·7	124
1905	133	486	27·4	110

The average period of residence of cases of consumption at Firvale Workhouse Hospital has recently been 311 days.

I hope we shall soon have our consumption wards in the Isolation

Hospitals and our Sanatorium in use, and then I consider the scheme will be fairly complete.

6. *After-life Colony*.—The after-life colony is even more in the future. The difficulties do not seem very great. One colony under separate management might serve for several sanatoria. Supposing the cost were £1 per week, the work of the ex-patient would probably be worth 10s. a week on his first arrival, and the local authority might pay a gradually-diminishing charge per week till the ex-patient was able to work for his keep.

COUNCILLOR BONNER (Southampton) agreed with the idea that the principle of compulsory notification for phthisis should not be adopted without a guarantee of the simultaneous provision of adequate inspection, education, and, if necessary, sanatorium accommodation.

MISS JOSEPH (London, Jewish Board of Guardians) said that "where ignorance was bliss, 'twas folly to be wise." Compulsory notification of consumption must bring with it knowledge of the disease, and at least it should be followed by systematic inspection. Perhaps nothing in this connection made one feel more uncomfortable than the knowledge of how phthisis was spread, and how very little was done at present to prevent it.

DR. A. K. CHALMERS (Glasgow) said that the diverse opinions expressed by previous speakers served to emphasize the interest which all felt in the administrative treatment of consumption. Arguments for and against its compulsory notification seemed to find their focus in one paragraph of Dr. Scurfield's paper, where he said that notification would probably do away with the need for establishing dispensaries. There was no question as to the desirability of a local authority knowing where the disease existed. The only question was how best this was to be obtained.

DR. H. SCURFIELD (Sheffield), in replying, said that he believed in doing something for consumption in all stages. His own experience of fever hospitals and of the Durham Sanatorium had shown him that the cost of a consumptive in a sanatorium was about 2s. 6d. per week more than the cost of a patient in a fever hospital. In Sheffield there were about 1,000 consumptives, and if 40 beds in the fever hospital on the Brighton system and 20 beds in a sanatorium were put at the disposal of consumptives, this, together with the accommodation at present provided by the Guardians, would go a long way towards providing the hospital treatment suitable for each stage of the disease. One of the advantages of compulsory notification was that it enabled one to educate the consumptive directly, which was much more effectual than attempting to educate the whole community in anti-consumption precautions.