ORIGINAL ARTICLES.

STATE CONTROL OF TUBERCULOSIS.

By FREDERICK KINCAID,

M.R.C.S., L.R.C.P.,

Medical Superintendent, Matlock Sanatorium ; Medical Superintendent,
Derbyshire Sanatorium ; Tuberculosis Medical Officer, Derbyshire.

THE minute living organisms which are responsible for most of the diseases which threaten the life of man constitute a far more serious menace to the human race than is appreciated. The invisibility, the omnipresence, the invulnerability and the amazing powers of reproduction of these lowest forms of living matter give them a perilous advantage in their hostility to the higher forms of life, and most of all to the highest of all—namely, man, whose complexity of form and habits of life make him a peculiarly susceptible prey.

No great stretch of imagination is required to picture the possibility of the stealthy destruction of the entire human race by its own earliest protagonists. It seems probable, in fact, that such an Armageddon has been prevented only by the action of natural selection. This deals very hardly with unicellular types, and thus keeps them, to some extent, in subjection to the multicellular types which are more immune to its action, and still more so to the gregarious types, of which man is one, these last being in the highest stage of protection from Natural Selection.¹ But this possible defence of man against the germ peril is theoretical only and, however plausible, should not be relied upon as making unnecessary any serious action on the part of a community which is threatened with extinction.

Of all the enemies of man, the Tubercle Bacillus is perhaps the most dangerous. Tuberculosis is more widespread than any other disease, and much more harmful, in that, apart from the fact that it is responsible for the majority of deaths, it has a peculiarly crippling effect, rendering very large numbers of people inactive and useless, often for long periods. The disease is almost universal, almost everyone being invaded by these bacilli at some period, and usually in the earliest period of life. They are apt to remain latent or dormant, sometimes for years, and then, when some other cause makes conditions more suitable for them or weakens the defence, to increase and become

¹ See "Instincts of the Herd in Peace and War," by W. Trotter, published by T. Fisher Unwin.

active and to poison and destroy. Fortunately, they do not produce definite disease in every person whose tissues they enter. Often the healthy conditions they find, or the strength of the natural specific resistance to them, prevents their development and leads to their speedy destruction.

This fact points the way to Prevention and also to Treatment. That is to say, it behoves every individual, from his earliest youth, to defend himself against this scourge by living such a healthy life that it is powerless to affect him; and if he has been born with a weak natural specific resistance to the disease, all the more must he devote his attention to doing everything which is good and avoiding everything which is bad for his general health. It is not suggested that every individual should become a faddist about his own health—nothing, not even disease, could be worse than this—but it is strongly urged that everyone should learn to enjoy good health in the fullest sense, and to cultivate pleasure in a healthy environment, and discomfort in, and dislike of, unhealthy surroundings and habits. Also, in the treatment of the disease it is obvious that the chief aim must be to support and improve the general health by a rigidly hygienic life, so that the body conditions become unsuitable for further development and activity of the organisms, and the resistance to their poison is increased and strengthened.

But the matter is grave and urgent, and should not be left dependent on the sense or lack of sense of each individual.

In this country, and in many others, attempts are being made to deal with the problem of tuberculosis, but in none is any really complete and comprehensive scheme yet in existence. The measures now in force in this country are slipshod and inadequate. Prevention, though much talked of, is scarcely attempted in practice, and treatment is haphazard, depending on the consent of the patient, the widely differing views of the medical profession, and the funds available. The success of these measures has been, therefore, very small in comparison with the very large sums of money spent.

The Government desired that every County Council should undertake a scheme of its own for the prevention and treatment of tuberculosis in each county, but it has not made it obligatory for them to do so, and, though most counties are doing something, there is no general instruction as to the details of such schemes, enforcing correlation and uniformity. In fact, there are the widest differences, so that no useful comparison can be made between the special reports issued by the various county authorities, and the figures obtainable for the country as a whole are, in many respects, misleading and valueless as statistics.

For instance, notification is compulsory all over the country, but—

and this applies to Tuberculosis Medical Officers as well—some doctors notify cases on the merest suspicion, whereas others do not notify except with bacteriological proof. As another instance, “domiciliary,” “dispensary,” “sanatorium,” and “hospital” treatments mean quite different things in one county to what they indicate in another, so that the figures published do not bear comparison and cannot be summed together.

For all these reasons it follows that much of the large amount of work which is being done is wasteful and imperfect, and it will continue to be so as long as there is no competent central authority directing it. The whole question of Tuberculosis has been treated too much from a sentimental attitude and too little from an economic point of view. The existing system in this country allows the nation to pat itself on the back because of all that it offers to the poor consumptive, but this is not the way to stop the disease, and, where the damage and the danger are so great, nothing whatever should be allowed to stand in the way of a clear, hard, complete, and definite plan of attack, free from all sentiment and superstition, and with the welfare of humanity as its object rather than the welfare of individuals, however unfortunate.

A primary necessity for such a comprehensive scheme is State Control of Tuberculosis. State control of the disease does not necessarily mean state control of the various hospitals, sanatoria, and medical and nursing staffs. This is another question which need not be entered into here, except that control over methods of diagnosis and of treatment are involved to the extent which is required to establish and maintain uniformity. That is to say, it should be authoritatively laid down what exactly constitutes notifiable tuberculosis and what exactly is meant by the various forms of treatment which have been mentioned. But state control of this disease, if not of all disease, is absolutely essential if any serious attempt at control is to be made at all.

This means control over all persons notified as tuberculous, including compulsory segregation and compulsory treatment, or whatever is necessary. If such a scheme were properly carried out there would be no real hardship to any individual. Patients would merely be (whether rich or poor) under compulsion to take the best possible chance of recovery and, during the period of their inability to occupy their proper place in life, to avoid interfering with the ordinary activities of others, and possibly infecting them with tuberculous disease. It seems obvious that such compulsion could mean nothing but incalculable benefit to everyone, including the patients, and that there could be only one name for any outcry about interference with liberty or hardship to a suffering fellow-creature—namely, misguided sentiment.

The War offered us a unique opportunity for controlling sickness, and in particular tuberculosis. If conscription had been carried out at the commencement, and if all groups had been enlisted without examination, the nation would have been in a position to control all sickness existing amongst its active manhood. Medical examination and classification should have been done after enlistment and not before, and those found unfit from any cause should not have been refused, nor those becoming unfit after enlistment discharged, but they should have been retained under military discipline and given medical treatment according to their needs. The carrying out of such a comprehensive scheme would not have been any more costly than the sum of the whole existing makeshifts and overlappings. Moreover, especially in regard to the sanatorium treatment of tuberculosis, the value of military discipline would have been incalculable. This opportunity has been allowed to pass unused, and at a time when the necessity for the building up of the health and strength of the nation and the prevention of spread of disease are more vitally urgent than they have ever been.

A fresh reason appears for pressing the need for state control, particularly of tuberculosis. It seems probable that before long a Ministry of Health will come into being. Presumably the functions of such a Ministry will be to organize and direct universal and uniform measures for the prevention of disease, and it is submitted that any such measures are foredoomed to failure unless they include control over all diseased persons, such control to include compulsory segregation and compulsory treatment, particularly, but not only, of those suffering from infectious diseases. The reason for including non-infectious cases is that they, as much as the others, if allowed to remain ill in their own homes and to decide whether or not they will be treated and how treated, have a profoundly deleterious effect, by interfering with the ordinary lives of persons who are incompetent to help them towards recovery, and by creating a morbid and unhealthy interest in the details of their ailment which is mentally and morally degrading to those surrounding them. Further, they cannot get the best treatment under home conditions, and the value of their case is lost to science, since the doctor can have no assurance as to how far his instructions are carried out or as to the correctness of the observations which are made by untrained persons.

Under a system of complete state control it would cost the nation far less to maintain health than it does now to maintain disease. Also, it would be an enormous gain to reverse the present position and make Health more desirable and more interesting than Disease.

Whilst in no way desiring to minimize the importance of infant welfare, about which much has been said in connection with the pro-

posed establishment of a Ministry of Health, it is urged that tuberculosis also forms a subject of the greatest importance, and that a special department of the Ministry would be necessary in order to deal with it adequately. The question of the prevention of tuberculosis is bound up with those of child welfare, of physical training, of housing, of food supply, and, indeed, with all matters affecting the general health of the community, but also, and specially, with the compulsory segregation and compulsory treatment of all affected persons.

THE DOMICILIARY TREATMENT OF TUBERCULOSIS.

BY OSCAR HOLDEN,

M.D., D.P.H.,

Clinical Tuberculosis Officer and Bacteriologist to the County Borough of Southampton.

OVER a ninth of the total death-rate in the United Kingdom is due to tuberculosis in one form or another. The monetary expenditure upon its treatment and prevention has amounted to many millions sterling since the inception of the National Insurance Act of 1911. However, pulmonary tuberculosis is as rife as ever, and the death-rate shows little alteration. Any decrease is in the nature of the cyclic phenomenon seen in all the mortality curves of the infectious diseases.

Large numbers of tuberculous soldiers, the majority of whom are infective, are returning home from the various fronts. Old latent cases have been relighted by the rigours of a trying campaign which, if continuing in their former civil mode of life, would have remained quiescent. The magnitude of the problem is therefore increased.

In any scheme of preventive measures it is a first principle that cases which spread infection should be isolated. The sections of the National Insurance Act of 1911, and the large State grant set aside for the domiciliary treatment of pulmonary tuberculosis, show that this fundamental axiom has been disregarded. In the actual working of these measures the error has been accentuated. Instead of effecting any improvement in these conditions, the Tuberculosis (Domiciliary Treatment in England) Order, 1916, has still further increased the possibilities of leakage. Again, any scheme aiming at the eradication of tuberculosis must include everyone—insured and their dependants, and also non-insured.

In my opinion too much attention is being given to early cases, and this to the detriment of the care of more advanced cases. More than