NOTIFICATION OF TUBERCULOSIS IN GREAT BRITAIN

A HISTORICAL NOTE

BY

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My attention has been drawn to a paragraph in Sir Robert Philip's "Musings in the Garden" (*British Medical Journal*, June 23rd), in which he quotes from my *Prevention of Tuberculosis* (Methuen, 1908) a statement against the adoption on a national scale of compulsory notification of phthisis, and goes on to remark that this procedure became the law of the land in 1912. It has been inferred from the quotation and statement that, although in 1908 I became the chief medical adviser of the Central Government in public health matters, the adoption of compulsory notification was carried through in 1912, notwithstanding, and not—as was the fact—in consequence of my official counsel and urgent action.

I assume that Sir Robert did not intend this inference to be drawn; but evidently it is important to place on record the correct history of the long-continued strenuous efforts made by a number of medical officers of health and other social workers, including myself, to secure first voluntary, and in due course compulsory, notification of every case of phthisis. This history is partially stated in the chapter in my *Prevention of Tuberculosis*, 1908, from which Sir Robert Philip's quotation—which apart from its context is misleading—was taken. The history will be given more completely in my *Recollections of Fifty Years in Public Health*, which is nearly ready for publication.

To understand the problem we must recall its setting. The history of the notification of the chief acute infectious diseases is one of slow conversion of public opinion and especially of medical opinion from opposition to favour or at least to acceptance of this intrusion, in the public interest, into the confidential relationship of the family doctor to his patient.

Prolonged agitation had gone on for many years before the late Dr. Sergeant secured the first local Act for the notification of acute infectious diseases in Bolton, Lancs. Other towns gradually secured the same powers; then in 1889 a more general Act was passed giving local option, and in 1899 an Act of Parliament made compulsion universal in all districts. A similar history attaches to the enforcement of compulsory notification of births within thirty-six hours. Huddersfield (Dr. Moore) led the way in 1905 by a local Act, other towns followed slowly. Then a more general permissive Act was passed in 1907, and compulsion became universal in 1915. A like history holds good for the notification of tuberculosis, though in this instance the difficulties involved in overcoming the opposition of the leaders of the medical profession and of its public health service were almost immeasurably great.

I could fill several pages with illustrations of the persistent opposition to even voluntary, much more to compulsory, notification of phthisis, but I must content myself with quoting the position taken at the meeting in Marlborough House on December 20th, 1898, H.R.H. the Prince of Wales (afterwards Edward VII) being in the chair, to inaugurate the recently constituted National Association for the Prevention of Tuberculosis. The chief resolution of the meeting was proposed by the Marquess of Salisbury, who made the following, among other remarks:

Nothing is more striking in the luminous statement of Sir William Broadbent or in the discussion following than the absence of all desire that the powers of the law should be brought into operation to carry out the objects of the Asso-

ciation. . . . This is a snare which they will carefully avoid. They must be content with preaching the salutary doctrine which they hold, and must not think of applying to the secular arm.

This statement appeared to embody the unanimous view of the conference, at which the chiefs of the medical and veterinarian professions spoke.

At this point I am compelled to mention my own share, as well as that of others, in overcoming the persistent opposition to the notification of tuberculosis. But first let me make it clear that the early and continuous efforts of Niven and others like myself to secure notification of tuberculosis were not made merely to enable social investigations of housing, etc., to be undertaken. For this purpose anonymous notifications would have sufficed. There was deliberate intention to institute additional precautionary measures against infection and all circumstances favouring it, to an extent which was not practicable (or would not be practised) in many instances if the confidential relation between the patient and his doctor remained undisturbed. It was this implication which naturally—and, I may add, properly—gave weight to the persistent objection to compulsory or even voluntary notification.

Dr. James Niven, then M.O.H. for Oldham, was the first, in 1894—note the year—successfully to persuade the doctors of that town to favour the voluntary notification of their cases of phthisis to him, but the town council declined to endorse the proposal. Dr. Hermann Biggs later in the same year succeeded in a similar proposal for the city of New York. In 1899 I was successful in establishing the first system of voluntary notification of phthisis in this country, in the town of Brighton. This was the culmination of prolonged advocacy. In the same year Dr. Niven, then M.O.H. for Manchester, persuaded the City Council to adopt the same course, thus succeeding after his earlier attempt in 1894. I contributed various papers on the subject, and prior to 1908 had obtained the passing of resolutions in favour of voluntary notification of phthisis, at meetings of the Society of Medical Officers of Health, of the Sanitary Institute, and at the 1901 International Congress on Tuberculosis. In proposing these resolutions I deprecated premature attempts at notification—that is, attempts when the local authority did not yet possess an organization for securing improved care of the notified patients.

In 1908 I was appointed Principal Medical Officer of the Local Government Board, and was confronted with the task of securing a complete reversal in this respect of the past policy of the Central Health Department of England. The arguments against compulsory notification have never been more forcefully stated than in Sir R. Thorne's Harben Lectures in 1899. He "felt certain that the compulsory notification of phthisis is calculated to retard the very object which they [its advocates] have in view." Sir William Power, in his introduction to Dr. Bulstrode's report on sanatoria in 1908, cautiously indicated the possibility of further local experimentation in notification. He referred to Sheffield, which, under the leadership of Dr. (now Sir John) Robertson, had already, at the end of 1903, secured the local enactment of compulsory notification of phthisis, associated with powers which "expressly dissociated administratively phthisis and everyday infectious disease." And Sir William mentioned the experience of Brighton "as indicating that where obvious personal advantages accrue to the patient—where he is not harassed in a social sense . . . a system of voluntary notification may yield useful results."

It was at this stage that I wrote the sentence in respect of compulsory notification on a nation-wide basis, which Sir Robert Philip has detached from its context, and thus done me less than justice.

I cannot detail here the almost insuperable difficulties encountered in overcoming central official opposition towards compulsory notification of tuberculosis for the entire country. The task to be undertaken was the gradual culmination of the continued and strenuous efforts of Niven of Manchester, Biggs of New York, and the rest of us during many years, and which in Sheffield had already succeeded, thus establishing the right of local experimentation on compulsory lines. Legal authority pronounced that the conditions of the Infectious Disease (Notification) Act could not be extended to tuberculosis. After much struggling this obstacle was circumvented by another procedure, on the strenuous intervention of Mr. John Burns. As a *bouleversement* of past official policy was contemplated, and as, furthermore, many sanitary authorities were still unready for complete systematic administration of notification, I decided that the best plan was to secure enactment of compulsion in successive stages. And in the first year (1908) regulations were framed making it obligatory on all medical officers of Poor Law institutions, and on all district medical officers throughout England and Wales, to notify each case of phthisis under their care. This was followed very soon by the enactment of a similar nation-wide obligation to notify all cases of phthisis attended at any hospital, whether voluntary or official.

The third stage was the issue of regulations enforcing also the notification of cases of phthisis occurring in private practice; and lastly, in 1912 this universal obligation to notify was extended to non-pulmonary as well as to pulmonary tuberculosis. In 1911 the passage of the National Insurance Act, and the gift by the Treasury of over a million sterling for sanatoria, and of half the cost of administration of tuberculosis schemes, made it easy for every local authority to carry out the preventive work which should follow notification; and one had the satisfaction of knowing that the gradual but rapid enforcement of obligatory notification to increasing groups, and at last to the entire population, was a real and not a "paper" reform; the preventive work following it being commensurate with the steadily increasing range of notification. In short, compulsory notification had become universal as soon as there was reasonable prospect that practical measures on a national scale would follow its adoption. But it is my conviction that this could not have been effected so promptly but for the hard work during two decades of medical officers of health, who had demonstrated what could be accomplished when the notification of cases of phthisis was voluntary.

RESEARCH FELLOWSHIPS IN TUBERCULOSIS

The Medical Research Council announces that it has made the following awards of Dorothy Temple Cross Fellowships for 1934-5, under the terms of the benefaction in that name for research fellowships in tuberculosis:

WILLIAM SAYLE CREER, M.B.Liverp., Lady Jones Orthopaedic Research Fellow, University of Liverpool.

ALFRED WHITE FRANKLIN, B.A., M.B.Cantab., M.R.C.P. Lond., Chief Assistant to Children's Department, St. Bartholomew's Hospital, London.

PHILIP D'ARCY HART, M.A., M.D.Cantab., M.R.C.P. Lond., Assistant Physician, University College Hospital, London.

ARTHUR LANDAU, M.B.Capetown, M.R.C.P.Lond., House Physician, Brompton Hospital, London.

ALASTAIR HAMISH TEARLOCH ROBB-SMITH, M.B.Lond., Senior Demonstrator of Morbid Anatomy, St. Bartholomew's Hospital, London.

Dr. Robb-Smith's fellowship is tenable in Germany: the others at centres in the United States.

In addition, the fellowship awarded last year to Dr. GEORGE GREGORY KAYNE for work at centres in Europe has been renewed for a further period of six months.

BRITISH EMPIRE CANCER CAMPAIGN

ANNUAL MEETING

The annual general meeting of the British Empire Cancer Campaign was held at the House of Lords on July 9th, with the MARQUESS OF READING in the chair. A letter was received from the President of the Campaign, the Duke of York, stating that he had read the eleventh annual report with great interest, and the impression it had made on his mind was twofold: first, that the world of research within the Empire was a beehive of intense activity, and, secondly, that those who were well qualified to judge were satisfied that another swing-forward by the momentum of progress had taken place in no uncertain fashion. His Royal Highness added how gratified he was to hear that the Empire Day appeal had met with such spontaneous and whole-hearted support.

CO-ORDINATION OF RESEARCH

After the members of the Grand Council had been re-elected, on the motion of Mr. STANFORD CADE, the adoption of the annual report was proposed by Mr. CECIL ROWNTREE, who declared that the purposes for which the Campaign was founded were being fulfilled in all directions. One of those purposes was the co-ordination of research and research organizations, not only within Great Britain, but throughout the Empire. The recent step of setting up a panel of international correspondents, whereby there was an accredited representative in each of the great scientific capitals, had materially added to the accuracy and promptitude of their foreign information. The world had done the Campaign the honour of copying its organization, for it was now proposed that an International Cancer Union should be constituted, and a preliminary meeting had taken place in Paris. Dealing with some outstanding features in the scientific portion of the report, Mr. Rowntree said that investigations carried out at the Cancer Hospital and the Middlesex Hospital had suggested the possibility that the ultimate cause of cancer might be something of a chemical nature produced by disordered functions within the body itself. With regard to prevention, there had been a great increase in the knowledge of the pre-cancerous condition, and in particular it appeared likely that there would be a great diminution in the incidence of industrial cancer as a result of investigations into the occurrence of carcinogenic agents in lubricating oils and other industrial materials. On the curative side he mentioned the recent advances in radiation treatment. Partly as a result of the pioneer work done by the Radiology Committee of the Campaign, radium had won its way to safe and successful use and to widespread professional recognition. The radium "bomb" was coming to be regarded as a necessity for all well-equipped cancer centres. The radium position had been eased by the discovery of Canadian ores. Certain kinds of cancer, said Mr. Rowntree in conclusion, occupied hopeful salients, where advance had outstripped the general level, but the line as a whole was advancing. It was not to be expected that some sudden flash of genius could solve the cancer problem in a day.

Mr. RICHARD C. DAVIES, in seconding the report, said that there was a deficit on the year of £15,282. This was due to several causes, among them the fact that part of the normal income had been diverted to the Empire Day appeal. The result of that appeal during the months of May and June amounted to £40,246, apart from certain large donations which were pending. He hoped that the appeal would be a recurring feature of successive Empire Days.

THE GARTON PRIZE

The report having been duly adopted, LORD READING presented the Garton prize (£500) and medal to Dr. H. A. Colwell for what in the unanimous opinion of the judges was the best essay on the biological effects and mode of action of radiations on malignant and other cells; with a second prize (£100) and certificates to Dr.