

## THE PUBLIC HEALTH.

### TUBERCULOSIS IN WALES.

#### The Nation Shocked.

The Committee of Inquiry into the anti-tuberculosis service in Wales has issued an admirable Report which received comment and expressions of gratitude in the House of Commons.

Mr. J. Griffiths raised the question and said the report had shocked the nation. It revealed a terrible picture and presented a terrible problem which must be solved whatever might be the effort or the expense required.

The report revealed Wales as an impoverished nation. There were revelations of malnutrition, bad housing, poor schools, and inadequate social services. All of these were by-products of poverty and of that ignorance, inertia and fatalism which poverty bred, plus that subordination of public welfare to selfish interests which was the final condemnation of the economic system under which we now lived. For 11 years a quarter of the population of Wales had been living on the dole. The report presented a terrible picture of the toll which the white scourge was taking in Wales.

One lesson of the report was that this was a man-made disease, and that what man had made he could cure. This was not a decree of fate, but a social problem capable of solution. The people of Wales must rid themselves of the fatalism which had paralysed their action.

Some of their religious teaching was responsible for this fatalism which regarded the disease as some terrible plague which they could not overcome. He would say to the people of Wales in the words of the religion which they knew best, "We must work out our own salvation."

The first line of defence against tuberculosis was to give the people plenty of good food. There were places in Wales worse than Shanghai—hell-holes. Wales was paying a terrible price because its economic life had been built on too narrow a basis.

The report revealed, too, what amounted to a breakdown of local government over a wide area. Out of 13 county councils, there were six where a penny rate produced less than £1,000; and in half the county boroughs and 24 of the rural districts a penny rate produced less than £100. Such councils could not do the task of modern local government. Some of them were managed by people who regarded high rates with horror, but high mortality rates with complacency. This report was a call to action by the people of Wales.

Other Welsh members spoke strongly on the poverty of the people in rural areas, and all agreed wages were insufficient to provide the barest necessities of life. They had not the means to build up the resistance of themselves and their families against tuberculosis.

Captain A. Evans said that he shared the view that if the present or previous Governments had appointed a Secretary of State for Wales to protect the interests of the Principality, this lamentable state of affairs would not have arisen.

Mr. Hopkin suggested that the Minister of Health might advise the appointment of a Royal Commission on Local Government in Wales. Some local authorities had had statutory duties imposed upon them which they had not the means to carry out.

Dr. Edith Summerskill said that the report was a glaring indictment of the Ministry of Health and the Board of Education. It was well known that, six weeks after the death of a tubercular patient, virulent tubercle bacilli were found in the dust from the walls of the room in which the patient had died. It had been revealed that there were houses throughout Wales which were never disinfected after the death of tubercular patients. Was the Minister

going to content himself with another conference and to leave these disease traps to infect the next innocent occupant?

Mr. Jenkins said that the Minister had given no hope, either to the people who had presented this report or to the people of Wales that they were likely to receive any substantial benefit in the early future.

In reply the Minister of Health said the Welsh members had rightly taken the opportunity to debate upon conditions in Wales. He had asked for the observations of the Welsh Board of Health in the report and also for the observations of the local authorities. He hoped later to hold a conference in Wales with the local authorities.

In the meantime the world now knows that whilst half a million pounds is easily subscribed for comfortable care of foreigners, our own people are dying like flies for need of nourishing food and sanitary houses.

### THE AVAILABILITY OF CANCER TREATMENT. PROPORTION OF CASES THAT CAN BE CURED.

The extent to which persons suffering from cancer at present receive treatment is the subject of a report by the Hon. Sholto Mackenzie, M.D., M.R.C.P., published by the Ministry of Health. The report shows that although modern treatment, when given at an early stage to patients suffering from the disease in such accessible organs as the skin, breast, mouth and uterus, results in cures ranging with the organ affected and the stage of the disease from 25 per cent. to 70 per cent. or even 80 per cent., it is used at present for such a small proportion of cases that it cannot counteract, or keep pace with, the rising mortality rate from the disease.

The inquiry confirms the view that the present needs are to promote treatment of a larger proportion of patients and to induce patients to obtain treatment at an earlier stage. One means calculated to serve both ends is the provision of wider and more readily accessible facilities for both diagnosis and treatment.

The inquiry was made in the area of a number of county councils and county boroughs. It related to a total population of some 5½ millions. The aim was to ascertain the histories of those who had died of the disease during a prescribed period. This, the only practicable method, limited the scope of the inquiry, because it necessarily left out of account all living sufferers from the disease.

The cases investigated fall naturally into three categories. The first, amounting to nearly 17 per cent. of the whole, comprises those affected in organs so vital that treatment is impossible. The second, comprising about 57 per cent, includes those affected in organs where treatment is practicable to some extent, but is commonly not attempted because the disease has progressed too far. The third category, amounting to 26 per cent., includes those who are affected in such accessible organs as the skin, breast, mouth and womb in which treatment is highly practicable and also successful if undertaken early. This proportion of 26 per cent. is clearly an under-statement, because no account could be taken in this inquiry of patients living and in process of recovery.

The inquiry was not equally complete in all areas. In areas covering a population of about 1½ millions, however, the history of nearly every person who died of the disease within a prescribed period was obtained. On the basis of these figures the report concludes that little more than a quarter of the patients in the third, or curable group, obtained their treatment in hospitals where all the latest methods are available. About 37 per cent of this group obtained no curative treatment at all. Of these, half obtained no treatment because of age, other disease, etc., and half because the disease had progressed too far for treatment.

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