

Tuberculosis in England and Wales.

The Incidence and Trend of Tuberculosis.

THE present situation regarding tuberculosis in England and Wales needs to be judged against the background of the marked progress in combating the disease during the period between the two world wars. The extent of this progress is measured by the fact that between 1918 and 1939 the number of deaths from all forms of tuberculosis fell from about 58,000 in 1918 to about 25,600 in 1939 as reported by the Ministry of Health.

Wartime conditions inevitably conduce to an increase in tuberculosis, and in each of the years 1940 and 1941 the number of deaths rose to over 28,000. This increase, however, was checked, and the figures for 1942, 1943 and 1944 were approximately 25,500, 25,600 and 24,100 respectively. The fall continued in 1945 and 1946 when deaths were 23,955 and 22,847 respectively, rising slightly in 1947 to 23,550.

These mortality figures are the most reliable criterion of the trend of tuberculosis, as against the numbers of notifications of the disease which are not necessarily an accurate reflection of its incidence. It is to be observed, however, that the numbers of deaths in the war years, unexpectedly favourable though they were, were higher than they would have been if the pre-war rate of decline had continued during those years: and also that the number of notifications of which the same may be said, rose above pre-war level and still remains so. In 1918 the total number of formal notifications was about 90,000; in the pre-war year 1938, about 50,000; and since it has been as follows: 1939, 46,000; 1940, 46,600; 1941, 51,000; 1942, 52,600; 1943, 54,000; 1944, 54,000; 1945, 52,000; 1946, 51,300; 1947, 51,700.

The relation between respiratory and non-respiratory types of tuberculosis, which hitherto has shown no substantial deviation from year to year (although such a factor as increasing pasteurisation of milk may materially affect the extent of non-respiratory tuberculosis as time goes on), may be gauged from the fact that in 1947 of the total 23,549 deaths, 20,156 were respiratory cases.

Treatment.

The admission of patients to tuberculosis institutions for treatment with reasonable promptness continues to present a serious problem. The reason for this is not the lack of sufficient accommodation, but the persisting dearth of nurses to staff all the available beds. All practicable measures continue to be taken, in collaboration with the Ministry of Labour and National Service, to ease and eventually remedy these nursing deficiencies. The number of patients under institutional treatment at June 30th, 1948, was about 29,200, whilst the number on the waiting lists for such treatment was about 9,000. The number of new patients who came on the registers of tuberculosis dispensaries in the quarter ended June 30th, 1948, was about 13,000.

Developments in the Tuberculosis Service.

The introduction in 1942 of mass miniature radiography for group examination to detect respiratory tuberculosis in its earlier stages constituted an important advance in dealing with the tuberculosis problem. Owing to the war-time limitations on the production of the requisite apparatus and on the availability of medical manpower it has only been possible to provide these mass radiography units gradually in selected areas of the country. But by December 31st, 1948, 37 of these units were in operation in England and Wales, and the Ministry itself operates one at a fixed centre

in London as a training and research unit. By June 30th, 1948, about 2,500,000 persons had been examined of whom approximately 94 per cent. were found normal at the time of examination. The number of cases in which clinical investigation resulting from evidence of abnormality in the miniature film led to diagnosis of active tuberculous conditions was approximately 9,564 or between 3 and 4 per thousand of all the persons examined. These facilities for mass radiography continue to extend at an increasing rate throughout the country.

The value of streptomycin as a new form of treatment of tuberculosis continues to be the subject of clinical trials by the Medical Research Council. Its use has so far been recommended only in certain types of tuberculosis, namely acute miliary, meningeal and ulcerative tracheo-bronchitis and laryngitis and in very limited conditions of pulmonary tuberculosis. It has become clear that streptomycin has considerable limitations in the treatment of tuberculosis disease and that it must be used only under carefully controlled conditions. Although the early results of streptomycin treatment of persons suffering from the types specified above are encouraging by comparison with past experience, a high proportion of these cases do not respond. Clearly, therefore, streptomycin is not a panacea even in these forms of the disease and it is important that it should be realised that there are types and stages of the disease which will not benefit from streptomycin and that other forms of treatment are to be preferred in these cases.

Recent Changes.

Under the National Health Service Act the responsibility for the tuberculosis treatment services, namely, institutional and out-patient services, including the mass radiography service, passed on July 5th, 1948, from County and County Borough Councils to the Regional Hospital Boards, though the local authorities remain responsible as the Local Health Authorities under the Act, for the preventive and care and after care work in relation to tuberculosis. This change in administration will tend to facilitate the general development of the treatment services and the maintenance of the highest standards of the most up-to-date treatment.

Under the National Assistance Act, persons who suffer a loss of income in order to undergo treatment for respiratory tuberculosis and need financial help over and above such statutory payments as national insurance benefit and family allowances, are able to obtain this through the National Assistance Board. The main object of this assistance is to afford a reasonable standard of maintenance for the patient and his dependants during the period of treatment so as to encourage the sufferer, both for his own and the community's sake, to give up work to undergo early treatment although not at that stage incapacitated from remaining at work.

Training Allowances for Student District Nurses.

THE Nurses and Midwives Whitley Council announce that they have agreed on the following revised rate of remuneration for Student District Nurses:—
£140 per annum plus emoluments valued at £100 per annum, or a living out allowance of £100 per annum for non-resident students.

As this is part of the student nurse settlement, which came into operation on September 1st, 1948, the new rates will apply retrospectively from that date.

If in any case an existing student would receive a lower rate of remuneration than before, if the new arrangements were applied, the present rate may be continued on a personal basis.

The new rate is provisional and may be revised.

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