

TUBERCULOSIS
AND
SOCIAL CONDITIONS
IN ENGLAND

WITH SPECIAL REFERENCE TO YOUNG ADULTS

(A STATISTICAL STUDY)

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1939

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS,
TAVISTOCK HOUSE NORTH, TAVISTOCK SQUARE, LONDON, W.C. 1

FOREWORD

By The MARCHIONESS OF TITCHFIELD,
*Chairman of Council, National Association for the Prevention
of Tuberculosis.*

ONE of the chief aims of the National Association is to encourage the widespread publication of knowledge that will make it easier for doctors and social workers to understand and solve the problems of tuberculosis. My Council was therefore glad to hear of this Report, which closely examines one of the most pressing problems of tuberculosis—the trends of mortality among young men and women—against the background of the many important social changes that have taken place in recent years. We were informed that without assistance from the Association it was doubtful whether the work could be made available at a price to ensure its wide circulation.

The Council decided, therefore, to be responsible for publication, and I trust that the detailed arguments here presented, and the important conclusions, recommended as they are by the Chief Medical Officer to the Ministry of Health, will receive merited attention among those who care for the objects which the Association has at heart.

IVY TITCHFIELD,
CHAIRMAN OF COUNCIL.

July, 1939.

PREFACE

By SIR ARTHUR S. MACNALTY, K.C.B., M.D., F.R.C.P.,
Chief Medical Officer to the Ministry of Health.

A STRIKING feature of the modern outlook on tuberculosis is the public recognition of its social and economic setting. Tuberculosis is no longer solely a disease of medical significance and relegated entirely to the physician and the surgeon. Its social and economic implications are far-reaching. Farr, Newsholme, Hoffman, Biggs and others have repeatedly shown tuberculosis to be a source of financial loss to the community in wage-earning power and efficiency, which too frequently brings its victim to poverty and destitution. For these reasons sanatorium treatment was made a prominent feature in the National Health Insurance Act of 1911, a measure which led on to the tuberculosis schemes of local authorities with their machinery of prevention and treatment available for the whole community. This Report treats of the adverse effect of certain social and economic conditions in favouring the onset of tuberculosis—an even more difficult and complex question than the study of these conditions as dependent upon tuberculosis.

The triumphs of preventive work in tuberculosis are well known. An improved standard of living and hygiene, better wages, better nutrition and public health measures, together with the segregation of infectious cases in poor law hospitals and the cessation of indiscriminate expectoration, exerted their influence on the decline of tuberculosis in England and Wales before special attention was devoted to the problem by the State. Building on this good foundation, a wealth of medical and scientific knowledge has been assembled to prevent, diagnose and treat tuberculosis. The public have co-operated in taking advantage of the facilities provided. Voluntary and lay workers have toiled side by side with the professional workers, doctors, health visitors and nurses, and they have seen their reward in the steadily declining death-rate from tuberculosis year by year. In this awakening of the public conscience to tuberculosis the valuable educational work of the National Association for the Prevention of Tuberculosis calls for special mention.

While the general death-rate from tuberculosis has been declining, the high incidence and mortality of respiratory tuberculosis in young adults has been a source of anxiety to tuberculosis workers for over twenty years. The problem has been examined from various points

of view and a considerable amount of useful work has been done. In this report Dr. P. D'Arcy Hart and Prof. G. Payling Wright have surveyed the whole position systematically, as far as England is concerned, and have set out their findings.

It is gratifying to note that during recent years there has been a decline in the incidence and mortality of respiratory tuberculosis in young adults. ('Annual Report of the Chief Medical Officer of the Ministry of Health for 1937,' pp. 102-103.)

As already remarked, the close association between poverty and tuberculosis has been recognized for many years. Not only does tuberculosis lead to poverty, but poverty subjects the individual to a variety of unsatisfactory circumstances and conditions which favour the development of tuberculosis. There is a complex interaction of a considerable number of factors, and the respective shares taken by the various individual factors in the production of tuberculosis are difficult to assess. It is only during recent years that efforts have been made to evaluate these factors with some degree of exactness.

This report furnishes important evidence as to the relative influence of a considerable number of factors. The importance of certain of them is outstanding, especially the great influence of overcrowding and unsatisfactory housing in favouring personal infection. The authors state (p. 120) : "It would appear, therefore, that differences in housing inadequacy, implying differences in closeness of personal contact, are playing an important part in determining the present differences in levels of phthisis mortality between one English county borough and another" ; and again, "the differing declines in phthisis mortality in the various English county boroughs between 1911 and 1933 are also related to the levels of housing conditions".

While taking no official responsibility for the conclusions and the views expressed in this report, I regard it as an important contribution to the statistical study of tuberculosis, and commend it to the attention of all those engaged in combating this disease.

ARTHUR S. MACNALTY.

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