Tuberculosis report for the year 1920 / by F. G. Bushnell, Tuberculosis Medical Officer and Deputy Medical Officer of Health.

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BOROUGH OF PLYMOUTH.

TUBERCULOSIS

REPORT FOR THE YEAR 1920

BY

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INDEX.

To the Members of the Tuberculosis Sub-Committee
of the Public Health Committee.

Mr. Chairman and Gentlemen,

I beg to present my Report for the year 1920.

Prevalence of Tuberculosis.

The number of deaths and the death-rates are again lower in Plymouth in 1920, than in 1919, being 241 and 1·27 as against 304 and 1·67 as reported last year.

From pulmonary tuberculosis there were 195 deaths in 1920, as compared with 231 in 1919, giving a death-rate of 1·03 per 1,000 as compared with 1·26.

There were 46 deaths from non-pulmonary tuberculosis in 1920, as compared with 73 in 1919, giving a death-rate of 0·24 per 1,000, as compared with 0·40 (as per Table "A").

Notifications of the disease are lower than the actual numbers of deaths recorded in the Borough which cannot be accepted as a reliable indication actually arising during the year.

I deeply regret to report that the Borough is still without beds for the treatment of advanced, acute or emergency, chronic or observation cases of pulmonary tuberculosis in the civil population. It is also without a surgical tuberculosis hospital or children's preventorium and sanatorium.

Plans were prepared and approved for such pavilions at Mt. Gold Isolation Hospital in 1914-15, for hutments (still vacant) at Swilley Isolation Hospital, 1919-20, at Greenbank and Ford Houses 1919-20, and finally at Efford Camp. The Ministry of Health has not yet sanctioned the latter scheme on the grounds that the Council is not yet definitely committed to it.

To which I have reported as follows :—

" Tuberculosis Dispensary,
Plymouth.
3rd October, 1921.

Efford Camp.

Report on the present position as to the provision of Efford Camp as a Sanatorium for Tuberculosis.

The Ministry of Health in their letter give the grounds for their refusal to approve of the provision of Efford Camp as a Sanatorium that the Council was not definitely committed to it.

In my opinion, and in a broad sense, the Council is committed to this Scheme definitely, on the following grounds :—

1. The Council is now responsible for the treatment of all forms of Tuberculosis.
2. There is no accommodation for acute, advanced, or observation cases of the civil population of the Borough, the need of which is a desperate one.
3. On economic grounds, the sending of 150 patients, more or less, to various Institutions in other parts of England is absolutely unsound. It causes great delay, excessive clerical work, incurs travelling expenses, and risks to patients and others on the journeys.

4. There is no provision of an adequate approved nature for Surgical Tuberculosis, for which we are now entirely responsible.

5. Efford as a Municipal Sanatorium has been the Council's public and expressed policy for over two years.

6. I am informed that the Insurance Committee, War Pensions Committee, Trades and Labour Council, British Legion, Tuberculosis Care and After-Care Committee, and other representative bodies heve been assured by the Council that this Sanatorium would be provided.

7. Provision was made in the estimates for 1920-21 for Efford, and was accepted by the Council and Ministry of Health. It has been approved by the Medical Officers of the Ministry of Health, when waited on by a Deputation and by Medical Inspectors and Architects of the Ministry who visited the site. The Tuberculosis Medical Officer was advised by officials at the Ministry to treat his advanced cases at Efford on his return without delay.

8. Plans were sent in for this Sanatorium in order to be eligible for the three-fifths capital grant from the Treasury to the capital expenditure of the Scheme.

9. Great expense has been incurred in preparation of plans at the instruction of the Ministry. A Deputation to the Ministry of Health was advised to proceed direct to the Disposals Board and arrange for purchase of camp and huts and, I believe, a sum has been accepted and agreed upon by both parties. The plans submitted in full detail are in great part approved by the Ministry's architects.

10. The equipment has been ear-marked.

Another such a site, with buildings easily adapted, will not, in my opinion, become available.

Judging from the greatly enhanced value of the Mount Gold Fever Hospital Estate, purchased by the late Dr. Greenway's (Medical Officer of Health) foresight, there is no doubt that Efford will become more and more valuable.

At present it is not for sale in the open market, and the price for land and hutments is correspondingly low so that I earnestly recommend that it be secured as part of the Tuberculosis Scheme or even as a public utility measure, or from the rates under Public Health (Prevention and Treatment of Diseases) Act, 1913, Section 3.

This chance, once lost, will never come again.

"Udal Torre" Sanatorium.

As regards the use of "Udal Torre" as a Hospital for advanced cases of Pulmonary Tuberculosis occurring in the civil population, I beg to say

(1) That it was definitely provided for recognised pensioners suffering from the disease and is as such fully utilised.

(2) That it is impossible, therefore, to send male and female, adult or children patients there at the present time.

(3) It would be impossible, in the event of pensioners being sent elsewhere, to utilise it for males and females, adults or children at one and the same time.

(4) Owing to its structural inadaptability and the lack of room for expansion it cannot accommodate more than 38 adult patients of one sex.

(5) These limitations render it absolutely unsuited for the separation of patients in different stages of the disease in different pavilions in different sexes, and renders it absolutely unfit to deal with 150 cases, which is the present standard for the Borough.

(6) Its limited area prevents graded work or training or employment in suitable occupations.

(7) Its small accommodation and distance from Plymouth render it expensive to run, and expenditure in alterations and improvements is lost ultimately to the Town as it is leased only.

N.B.—"Udal Torre" was acquired mainly for discharged tuberculous sailors and soldiers. The limitation of its use to advanced cases only would certainly result in patients refusing to enter it. It is the case that hospitals for advanced cases of tuberculosis or homes for dying in other parts of the country have proved so unpopular that they have had to be closed."

Prevention of Tuberculosis.

It is unnecessary for me to state the case again that Prevention of Tuberculosis is the truest form of economy in the moral, physical and financial sense and it is on this bedrock ground that I base my recommendations for a Complete Scheme as the primary essential to success.

1.—A sanatorium of 150 beds, including separate pavilions for adults and children, male and female, in the various stages of the disease. Associated with this should be a training centre for adults and educational facilities for children.

2.—Surgical Tuberculosis.

An open-air hospital with training and educational facilities in which Plymouth should have at least 50 beds.

3.—A farm and industrial settlement and colony under medical supervision should be commenced in a small way.

Medical Practitioners should be induced to frequent the Dispensary by conferences and various other inducements, *e.g.*, Practitioners might assist for an honorarium at the Dispensary for definite periods, thus acting both as practitioners of hygiene and clinical Assistant Tuberculosis Medical Officers. Special pre- and post-graduate instruction in the *diagnosis*, *treatment* and *prevention* of the disease should be part of every practitioner's curriculum in order to eliminate this national scourge. Informal meetings between the Medical Department's Staff and Medical Practitioners should be encouraged at Dispensaries and Sanatoria to promote the efficiency of domiciliary treatment, so that public health, patients, and practitioners' interests should be advanced. Notification should be paid for adequately, and pressure brought to bear upon practitioners to prevent what may be termed concealment of the disease from the Sanitary Authority, and as a last resource, legal measures should be considered if demanded.

A Council Scheme should be made so complete, so attractive and so vitally necessary to the interests of patients that there should be no temptation, monetary or otherwise, to delay notification to the Health Authority, otherwise patients and practitioners may claim that there are legitimate advantages gained by not co-operating and participating in the public medical treatment afforded. A reference is made later in the report as to the appointment of a Surgical Health Visitor, surgical clinic and appliances for the treatment of bone and joint disease and its after-care, to the equipment of the Dispensary of an X-ray plant, to a dental medical service, and the importance of the fullest financial assistance to the Care Committee which has had such very important functions placed upon it by the State when the Tuberculosis Bill was rejected.

Status of Tuberculosis Officer.

In conclusion, as the Tuberculosis service is a young one and its means and ends are not yet shaped I would refer to the status of the Tuberculosis Medical Officers. If the State Consulting Physician of Tuberculosis is to rank with the highest private consultant and specialist, in other words, if the State Medical Officers are to equal the Voluntary Consulting Physician he should be given equal advantages and opportunity as regards his emoluments, protection in his duties, fair security of tenure, rewards or otherwise for his public medical services, privileges as to consulting, and the fullest means at his disposal of affording the best medical service available.

I am, Yours faithfully,

F. G. BUSHNELL, M.D., D.P.H.
Tuberculosis Medical Officer.
Deputy Medical Officer of Health.

*I.—DISPENSARIES AND INSTITUTIONS.

The Council now have (1) the Main Dispensary and the Branch Dispensary at the Royal Albert Hospital; (2) " Udal Torre " Sanatorium, at Yelverton, with 38 beds; (3) 42 Beds, 24 for males and 18 for females at Didworthy Sanatorium; (4) 12 beds at the Royal Albert Hospital for surgical tuberculosis; (5) we have patients undergoing treatment at various Sanatoria and Training and Treatment Centres all over the Country, *e.g.*, St. Barnabas, St. Raphael's and St. Luke's Homes, Torquay, Winsley, Hawkmoor, Heather Tor, Bonchurch, Royal National Hospital for Consumption, Ventnor, Isle of Wight, Maltings Farm East Anglian Sanatorium, Nayland, Alexandra Hospital for Children with Hip Disease, Swanley and other Sanatoria, at Papworth and Preston Halls.

Borough Tuberculosis Dispensaries.

The Main Dispensary is at Beaumont House, Plymouth, situated near the L. & S.W. Railway terminus, and trams (Routes 4 & 5) pass the front door.

The Branch Dispensary is at the Royal Albert Hospital, Devonport.

The Staff of the Dispensaries is :—

Dr. F. G. Bushnell, Tuberculosis Medical Officer.

Dr. H. T. Chatfield, Assistant Tuberculosis Medical Officer (who is also the Medical Superintendent of " Udal Torre " Sanatorium).

Three Tuberculosis Health Visitors (Miss F. H. Wells, Miss M. Cox, Mrs. McIlwraith).

Two Male Clerks and two Female Clerks (one of which is temporary).

Laboratory Attendant, who is also Resident Caretaker.

Secretary, Tuberculosis After-Care Committee.

Clinics.

Main Dispensary.

Four afternoons weekly, at 2-30 p.m.

Three mornings, 11 a.m.-1 p.m. weekly, for tuberculin and other special forms of treatment, and for children.

Sub-Dispensary.

Tuesday afternoons, 2-30 p.m.-5 p.m. for surgical and other cases residing in that district.

Appointments are always made for the primary examination of patients and at special hours if their work necessitates this.

Attendances at the Dispensaries for the year, are :—

Main Dispensary ...	3203	
Branch Dispensary	328	
Total ...	3531	
These figures include New Cases ...	570	Main Dispensary.
Children ...	1022	Main Dispensary.
New Cases ...	59	Branch Dispensary.
Children ...	252	Branch Dispensary.

Bacteriological Laboratory.

Examinations are carried out for medical practitioners at the Department of sputa, excreta, discharges, etc.

Sputum outfits are supplied to practitioners and patients, and reports of examinations made sent to the former.

Bacteriological. Complement fixation tests are as yet in the experimental stage and are not carried out as routine at present.

(**This and following numbered paragraphs refer to particulars required for the Annual Report by Ministry of Health Circular, 168.*)

The number of specimens of Sputum examined during the year was :—

	Doctors.	Udal Torre.	T.M.O.	Total.
Sputum	391	116	909	1416
Urine	—	—	9	9
Pus	5	—	—	5
				1430

Disinfectant issued to 643 persons.

Institutional Accommodation.

Municipal Sanatorium.—" Udal Torre " Sanatorium.* Opened on 13th April, 1920, for 38 ex-Service cases. In addition, four open-air shelters are provided, and stand in the grounds.

Staff.

Dr. H. T. Chatfield, Medical Superintendent.
Miss E. Henderson, Matron.
Two Sisters (one day and one night).
Three Assistant Nurses.
Resident Gardener and a resident Porter, as well as the usual resident domestic staff.

The Sanatorium has been kept almost continuously full of patients, as is seen by the annexed statistical table.

Patients in all stages of pulmonary disease are sent to the Institution, and a few surgical cases.

Graded exercises have been instituted and are maintained, in addition, games, books, etc., are provided for the patients' use, and local concert companies kindly give regular concerts at the Institution.

Voluntary Classes for Training in Carpentry, Cabinet-making, Kitchen-gardening and Poultry-keeping have been started now.

Other Sanatoria.

The Devon and Cornwall Sanatorium.*

Forty-two beds are maintained at a cost of £4968 12s. 0d. per annum for Council patients (24 males and 18 females, including children). Cases in the early stages of the disease only and in which there is prospect of permanent improvement can be sent to this Sanatorium, thus other arrangements have to be made for acute, advanced, chronic or complicated cases, which, until the Council provides its own Institution for such, adds insuperable difficulties in maintaining an efficient medical service.

Appreciable improvements have been made in the dietary scale and recreation at the Institution.

Our thanks are due to St. Barnabas, St. Raphaels, St. Lukes, Winsley, Hawkmoor, Heather Tor, Bonchurch, Royal National Hospital, Maltings Farm and other Sanatoria for the reception of our patients.

Surgical Hospital Accommodation.

Non-Pulmonary Tuberculosis is treated at the Royal Albert Hospital as far as possible as the Council retains twelve beds there, but this general hospital is quite unsuitable for the prolonged treatment, education and training of these cases.

Training and Treatment Centres.

Suitable ex-Service cases are being sent to Papworth Hall, Cambridge, Preston Hall, Aylesford, Kent and East Anglian T. & T. Centre, Nayland. Patients selected are expected to be temperamentally suited, and personally satisfactory.

(**See Table " B."*)

III.—THE NATURE AND EXTENT OF CO-OPERATION WITH INSTITUTIONS, ETC.

Pulmonary Tuberculosis, speaking generally, is not admitted to the General Hospitals in the Borough. Acute cases of pulmonary tuberculosis, *e.g.*, pleurisy, hæmorrhagic and emergency tuberculosis are *at times* admitted to the South Devon and East Cornwall and other general Hospitals, on recommendation of T.M.O. to Medical Staff, or by letter, subject to the required accommodation being available.

The Tuberculosis Department always endeavours to place such patients in the necessary Institution or afford treatment when this is desired, but it is a matter of great and often insuperable difficulty to do so, especially with advanced and bed cases. Non-pulmonary (joint, bone, etc.) cases are sent to general hospitals frequently for examination and are in a few instances admitted to the Hospital for treatment. As elsewhere stated the provision of splints or other appliances, the prolonged after-care and education or training which is necessary does not fall within the province of these Hospitals in the majority of such cases of tuberculosis, and is not attempted. A large number of cases were admitted to and received from General Hospitals and Infirmaries.

Hospitals to which such cases are sent :—

ROYAL ALBERT HOSPITAL.

HOMŒOPATHIC HOSPITAL. Out-patients are admitted and others received to and from this Institution.

ROYAL NAVAL HOSPITAL, STONEHOUSE. Numerous cases are received for treatment direct from this Hospital.

GREENBANK, STONEHOUSE, AND FORD INFIRMARIES. Suitable cases, usually advanced ones, are sent to or received from these Institutions, but much greater co-operation between the Guardians and Council is necessary. The Relieving Officers help as far as they are able. While the Infirmaries consider the provision of beds for all forms of Tuberculosis lies with the Council, the Council's Scheme is not yet sanctioned by the Ministry of Health.

SPECIAL HOSPITALS.—EAR AND THROAT.

Dr. Crowther attends at the Dispensary once weekly for the examination of the nose, ear and throat in selected tuberculosis cases, in an honorary capacity, at present.

ROYAL EYE INFIRMARY.

Selected cases may be seen by members of the Staff when sent by the Tuberculosis Medical Officer, or by letter.

ORTHOPÆDIC CENTRE (S.D. & E.C. Hospital) may be available in certain cases.

V.D. CLINIC (S.D. & E.C. Hospital) is always available.

SCHOOL CLINICS OF EDUCATION AUTHORITY.

School children are sent to our clinic by the School Medical Officers, by Medical Practitioners and from the Local Associations interested in children (*i.e.*, Crippled Children's Aid, Civic Guild of Help, St. Theresa's Home) and from the Maternity and Child Welfare Centre.

WAR PENSIONS.

(*a*) Local War Pensions Committee.

(*b*) Deputy-Commissioners of Medical Services.

These patients are sent for examination, diagnosis, treatment and training, and reports.

N.B.—The work entailed on the T.M.O.'s and Staff by pensioners is enormous, not only the clerical but in the "placing" of patients.

VOLUNTARY ASSOCIATION FOR MENTALLY DEFECTIVE.

No accommodation exists anywhere apparently for Tuberculous MENTAL Defectives, but we co-operate with Local Committee as far as possible.

IV.—CO-OPERATION WITH MEDICAL PRACTITIONERS.

In April, 1921, a circular letter, was sent to all Medical Practitioners inviting them to make free use of the services of the Tuberculosis Medical Officers, by consultation, or by sending doubtful cases to the Dispensary for examination, and urging them to send specimens of sputum for examination on the least suspicion of tubercle.

CLINICAL "AT HOMES" AT THE DISPENSARY.

The invitation was extended to them to visit the Dispensary or Municipal Sanatorium and an offer to make post-graduate arrangements for work at the former.

MODE OF ATTENDANCE OF PATIENTS AT DISPENSARIES.

All patients under the care of doctors are asked to bring a note with them on their first attendance at the Dispensary, from their Medical Practitioner. On examination by the Tuberculosis Medical Officers a short account of the findings is sent to the doctor with the Treatment, if any, recommended.

An endeavour is made by telephone or otherwise to get into touch with the panel practitioners of all patients who are members of Approved Societies.

DOMICILIARY REPORTS.

This works, on the whole, smoothly with the assistance of the Regional Medical Officer.

The practical disadvantages of treating and nursing advanced and infective cases in their homes greatly outweighs any sentimental advantage, and every encouragement should be given to practitioners to send such cases to our Institutions. This general practice is followed now largely in the United States of America and Canada.

V.—THE ARRANGEMENTS FOR FOLLOWING UP PATIENTS WHEN DIAGNOSIS IS DOUBTFUL.

All cases are entered in attendance book as "Observation" "Patient" or "Non-tuberculous." A Register of "Observation" cases is kept, and such cases are visited and asked to attend if they do not do so as instructed at the date given them on attendance card (*i.e.*, within one month). These are classed then as patients or non-tuberculous.

Diaries are kept by the Tuberculosis Health Visitors, and also in the office, in which entries of visits are made as ordered at the findings on examination; and cases, therefore, come up automatically for visiting by the Tuberculosis Health Visitors.

VI.—EXAMINATION OF "HOME CONTACTS," ETC.

All "home contacts" of notified and definite cases are visited and instructed to attend for examination. Those in contact with positive cases are kept under constant supervision as far as they are willing to accept the same. A "Contact Register" (under families) is kept.

VII.—INFORMATION AS TO SPECIAL METHODS OF DIAGNOSIS AND TREATMENT.

(A) Special methods of diagnosis carried out at the Dispensary in addition to clinical and bacteriological are (*a*) Radiological. (*b*) by the use of Tuberculin, and the observation of specific re-action. (*a*) Radiological—625 examinations, mainly by screening, were made for the purposes of diagnosis in 1920, at the private X-ray installations of two Medical Practitioners with special experience in this work.

For the greater convenience of patients and the extension of the work necessitated by the adoption of pneumothorax and conservative treatment of surgical tuberculosis at the Dispensary, the Council has approved an installation at Beaumont House, chiefly for diagnosis, partly for treatment.

(B) Special methods of treatment are :

(*a*) Tuberculin.
Number of patients treated with above, 82.

(*b*) Sodium Morrhuate.
Number of patients treated with above 34.
Total number of administrations by injections given 1133.

(*c*) { aero- / balneo- / dietetic- / helio- / hygienic- / occupational- / psycho- / radio- } therapy

(*d*) Absolute rest.

(*e*) Surgical immobility { pulmonary / non-pulmonary.

(*f*) Physical and Remedial Exercise.

and are carried out at the Municipal Institutions.

VIII.—THE RESULTS OF LOCAL EXPERIENCE AS TO THE RELATIVE VALUE OF EACH FORM OF TREATMENT.

(*a*) Tuberculin was found very useful in glandular cases and in a limited number of surgical, bone and joint and pulmonary.

(*b*) Sodium Morrhuate.—This method of treatment is still on trial.

(*c*) and (*d*) There is no doubt that these are most valuable adjuncts, mentally and physically, to Open-Air treatment and should be generally extended, especially so training and work.

(*e*) Surgical immobility (pulmonary and non-pulmonary).—Results are quite encouraging.

(*f*) Exposure to the action of the sun's rays is followed, especially in children, by general improvement and children and young adults respond well to sea and fresh water bathing in suitable cases under medical supervision.

IX.—THE NATURE AND EXTENT OF ANY DENTAL TREATMENT PROVIDED BY THE COUNCIL FOR TUBERCULOSIS PATIENTS.

Approval of the Council Scheme and expenditure of £250 per annum was not received until very late in the year, consequently, no Dental arrangements were entered into until the commencement of 1921.

Recommendations for Dental treatment for Pensioners (who are not dealt with as Council patients) have been made in 20 cases.

Arrangements for the Council Scheme are as follows :—

(*a*) Recommendations are made by the Tuberculosis Medical Officer.

(*b*) Investigations by Tuberculosis Health Visitors and Investigation Officer as to the income of patients, with a view of their acceptance of part or whole of the liability for the Dental treatment recommended.

(*c*) Dental work is carried out by a panel of Dentists at the Public Dental Dispensary.

(*d*) Dentures, etc., after being fitted are inspected by the Tuberculosis Medical Officer, who signifies his satisfaction of the work performed, before payment is made.

(*e*) The scale of charges is as follows :—

Extractions—

With or without local anæsthetic	1s. per tooth.
With gas	5s. ,,
With gas and ether	7s. 6d. ,,

Fillings—

Filling (Stopping)	2s. 6d. per tooth

Dentures—

Complete Set, upper and lower	£6 6s. 0d.
Upper or lower Set	£3 3s. 0d.
Partial Set, 9 to 14 teeth	£3 3s. 0d.

Repairs—

Estimate to be given by the Dentist attending the patient.

X.—ANY ARRANGEMENTS FOR THE PROVISION OF NURSING OR EXTRA NOURISHMENT FOR PATIENTS LIVING AT HOME.

NURSING.—The Three Towns Nursing Association undertakes, under contract with the Council, nursing of Tuberculosis patients usually bed-ridden or in an advanced stage of the disease on the recommendation of the Tuberculosis Medical Officer. Visits are also made for the record of temperatures in certain cases and surgical dressings applied.

During the year 1920, 4,142 cases were visited.

The Three Towns Nursing Association reports work done weekly to the Tuberculosis Medical Officer.

EXTRA NOURISHMENT.—The Council Scheme and expenditure of £200 per annum was approved by the Ministry of Health in October, 1920, and was put into active operation in the following month.

Issues of BUTTER, EGGS, and MILK have been made to 17 patients, on the recommendation of the Tuberculosis Medical Officer, and the expenditure is limited to the sum of £2 per 1,000 population and the foodstuffs to those approved by the Ministry of Health.

XI.—THE TREATMENT OF NON-PULMONARY TUBERCULOSIS, ESPECIALLY TUBERCULOSIS OF THE BONES AND JOINTS IN ADULTS AND IN CHILDREN, AND THE PROVISION OF SURGICAL APPARATUS.

In the Council Scheme this treatment should be carried out at the Royal Albert Hospital where we are entitled to twelve beds. Owing to lack of funds, this Hospital and the general Hospitals are unable to provide surgical apparatus for these cases, frequently, which is thus left to the Public Health Department.

As a provisional arrangement for emergency or cases requiring an operation, the agreement with the Royal Albert Hospital is of some use, but it can never take the place of a special, Municipal (bones and joint) Open-Air Surgical Hospital, where treatment combined with training or education can be given for a prolonged period.

This is evidenced by the number of cases sent by us to Alton, Alexandra Hospital, Pinner, Oswestry, Chailey, etc., in distant parts of the country which necessitates separation from parents and friends, and expensive railway fares.

SURGICAL CLINIC.—The Council has now approved the appointment of a Surgical Health Visitor and the formation of a Surgical Clinic at the Main Dispensary where splints and appliances and minor dressings can be applied, and a room has been set aside for splint and plaster work. The Scheme waits the sanction of the Ministry of Health.

XII. AND XIII.—THE ARRANGEMENTS FOR "CARE" AND "AFTER-CARE," AND THEIR WORKING.

The Care and After-Care Scheme was approved by the Ministry of Health and £300 sanctioned for administrative expenses.

In December the Tuberculosis Care and After-Care Committee (a representative body), was formed, with Dr. A. B. Soltau (Chairman of the Public Health Committee) as Chairman, and Alderman J. P. Brown, Vice-Chairman.

Objects :—

1. To deal with all cases of Tuberculosis persons who require assistance.
2. To allay any fears that may exist as to the danger of infection of *early* cases, subject to the patient taking reasonable precautions.
3. Finding suitable employment, and providing clothing and food in necessitous cases.
4. The provision of beds and bedding to enable patients to sleep alone.
5. The provision of grants in aid of rent to secure separate bedrooms for patients.
6. When necessary, the provision of assistance for the families of patients who are under treatment in Residential Institutions.
7. Any other such assistance as experience may from time to time determine.
   - (*a*) Home service (in absence of husband or wife under Institutional treatment).
   - (*b*) Letters for Voluntary, General, or Special Hospitals, and Convalescent Homes for Women and Children.
   - (*c*) The provision of better home conditions, such as by the allocation of specially adapted houses under Housing Schemes. (1) A Local Government Board Memo. suggests five per cent. of houses under such Schemes ; and, (2) By removal to more suitable surroundings.
   - (*d*) The provision of training and employment "Colonies" (Rural and Urban).
8. In futherance of above objects, join up as Members of the Care Committee ; or, volunteer as a Health Visitor to be trained to assist in visiting Patients.

Sub-Committees for (1) Finance and General Purposes ; (2) Employment and Training ; and (3) Assistance, were appointed.

The duties of the Sub-Committees are as follows :—

(1) FINANCE AND GENERAL PURPOSES SUB-COMMITTEE.

This Sub-Committee arranges concerts, whist tournaments, flag-days, etc., to raise funds, and makes grants-in-aid in suitable cases.

Publicity.—A programme of lectures, model dwellings, and demonstrations by cinemas and otherwise is under consideration.

(2) EMPLOYMENT AND TRAINING SUB-COMMITTEE.

This finds suitable employment for cases of tuberculosis recommended for such by the Tuberculosis Medical Officer.

(3) ASSISTANCE SUB-COMMITTEE.

This deals minutely with economic conditions of patients requiring assistance and recommends assistance when indicated.

Examples of help given are—loans of bed and bedding, water and air-cushions, payment of fares of relatives to visit patients in certain cases, sending patients to convalescent homes.

Care and After-Care of surgical cases including the provision of splints and remedial exercises will be carried out at the proposed Surgical Clinic under the supervision of the Tuberculosis Medical Officer and Surgical Health Visitor. It is recognised that such dispensary and home treatment cannot replace but only supplement the work of a surgical tuberculosis hospital.

XIV.—STATEMENT AS TO THE SUPPLY AND SUPERVISION OF SHELTERS AT THE HOMES OF PATIENTS.

On the recommendation of the Tuberculosis Medical Officer for the loan of a shelter to a person suffering from tuberculosis, the garden (or yard) at the patient's residence is inspected as to its suitability for the erection of a shelter.

If this is satisfactory, permission of the landlord and tenant is obtained, arrangements for the erection of shelter made, and shelter loaned to patient who signs an undertaking for the proper care, etc., of it.

Supervision of Shelters (of which we now have six) is maintained by the visits of Tuberculosis Medical Officer and Health Visitors and Borough Surveyor's Department to the patients having them on loan.

XV.—ANY SPECIAL POINTS NOTED LOCALLY AS TO THE INCIDENCE OF TUBERCULOSIS (*e.g.*, OCCUPATION).

The incidence of Tuberculosis as evidenced (*a*) by the notification returns is as 229 for all forms, 189 for pulmonary, and 40 for non-pulmonary (see Table "A"), being lower in each case than since 1914. However, it has been ascertained that many Patients die *without* notification of Tuberculosis, and about half of those notified by others than the Tuberculosis Medical Officer are notified *within* three months of death.

(*b*) The mortality and death rates are correspondingly lower in 1920 than in previous years (to 1914). The fall is part of a national decline to lower figures than in previous years.

Relatively to England and Wales (the standardised death-rate per million living being 842) our death-rate is, however, above the average, being 1,270 per million.

The local conditions affecting the incidence of the disease remain as in my report for 1919 under Housing, Occupation and Ward Distributions (pp. 17 and 18, 1919).

The part played by direct infection from person to person is increasingly evidenced by the examination of " contacts," and by the opportunities afforded in the home and in the workshops (of which H.M. Dockyard is one of the largest) for communicating the disease.

XVI.—SPECIAL METHODS ADOPTED OR PROPOSED FOR THE PREVENTION OF TUBERCULOSIS.

The method proposed for the prevention of tuberculosis is the control of infection, and this can be most efficiently dealt with by a COMPLETE SCHEME of Institutional Treatment for active and infective cases, such as detailed in my covering letter.

It is believed that evidence of this lies in the statistical returns of lower numbers of deaths and death-rates.

In addition, a preventorium for children who are subjects of tuberculosis not clearly manifest, is considered to be of great preventive value.

The routine methods adopted are the precautions advised for disinfection and disposal of sputum and excreta, provision of spit-bottles and paper handkerchiefs, disinfection of rooms and bedding and clothing of patients, and isolation of advanced cases as far as possible.

XVII.—SPECIAL DIFFICULTIES ENCOUNTERED.

(*a*) Adequacy or otherwise of the provision made, and the lines on which the Scheme needs to be extended.

1.—Our present position is less hopeful than in 1919, and my recommendations are as given in my introduction to this report.

2.—There are no beds available for acute or advanced cases, or observation cases in the civil population, and between the local Authority and the Poor Law Authorities fuller co-operation and co-ordination most seriously is essential in the interest of the public.

3.—The absence of any Residential Sanatorium or Open-Air Hospital for non-pulmonary (surgical) disease in adults and children has been stated already.

4.—There is still no school Sanatorium for tuberculous children.

(*b*) The Care and After-Care Committee.

This Committee is now formed and is at work (see para. 12) but depends entirely on a few keen supporters, among whom are the Tuberculosis Health Visitors, who take a genuine sympathetic and practical interest therein, and the clerical staff who loyally co-operate. Its aim and scope include such grave problems as the training and employment of patients and the promotion of an industrial settlement, and farm colony, and a hostel for women and children, in the absence of the bread winner undergoing treatment, etc. Yet it has to collect all its funds from voluntary sources and its task here is almost hopeless, unless the British Red Cross Society, Friendly Societies, or others of the public can come to the rescue. Until the State assists Care Committees financially it will be impossible (1) to help the families of patients, especially when the latter are bread winners, who are undergoing prolonged treatment (2) to initiate and maintain training and treatment centres, or (3) village settlements as farm or industrial colonies.

(*c*) Co-operation of the Medical Profession.

This requires to be extended immensely in order to obtain to the utmost fullest sympathy and co-operation of the local medical practitioners (see para. 4) in the detection and eradication of the disease. We see thus in (1) the notification of new cases in 1920 being less than the number of deaths, whereas the reverse should be the case, allowing for the gratifying fact that death-rates were the lowest in 1920, since 1914. (See Table "A.")

(2)—Notifications are either omitted altogether and the death is the first notification received, or again notifications are made within the last few weeks of life.

(3).—The Dispensary is not frequented by medical practitioners as it should be and as the letter (a copy of which follows) of the Medical Officer of Health and myself invited it to be made use of.

Tuberculosis Dispensary,
Beaumont House,
Beaumont Park,
Plymouth.
27th April, 1921.

To all Medical Practitioners in Plymouth.

Dear Sir or Madam,

Treatment of Tuberculosis.

On and after May 1st, 1921, the Borough Council will undertake the provision of treatment of all forms of Tuberculosis in accordance with the terms of the Public Health (Tuberculosis) Act, 1920.

(1) Sanatorium Benefit under the National Insurance Act, 1911, will cease on that date and the Ministry of Health desires that your attention should be called to the importance of carrying out strictly the necessary notification at the earliest possible date in every case.

(2) At the same time we invite you cordially to make free use of the services of the Tuberculosis Officers by consultation as to your Patients or by sending any doubtful cases with a signed request for examination in order that a definite diagnosis may be arrived at as soon as possible. All persons suspected of or suffering from Tuberculosis should be sent at the earliest possible opportunity to the Tuberculosis Dispensary, Beaumont House, Beaumont Park, Plymouth, at the hours of Clinics (as enclosed) or by special arrangements for which our telephone will always be at your disposal. Practitioners are urged to send specimens of sputum for examination to this Dispensary on the *least* suspicion of tubercle in any person.

(3) The importance to the individual and to the community of Institutional treatment in the arrest and prevention of the disease is universally recognised by the medical profession, and your loyal co-operation in thus ridding Plymouth of this scourge is earnestly invited.

(4) A visit from you to the Dispensary or Municipal Sanatoria would be very welcome in order that you may familiarise yourself with our procedure and we should be pleased for you to make post-graduate arrangements for work at the Dispensary with the Tuberculosis Medical Officer if you so desire.

We are,

Yours faithfully,

O. HALL,
Medical Officer of Health.

F. G. BUSHNELL,
Deputy Medical Officer of Health.

(*d*) HOUSING.

This problem is essentially one for the Medical Officer of Health and the Housing Committee, but as our duties take us into the homes of our patients it is one that vitally affects our work and must be mentioned.

All overcrowding and sanitary defects found at visits of Health Visitors are reported to the Sanitary Authority and action recommended and taken is noted. (See Table "C.")

I must again call attention to the close relation of overcrowding and personal infection.

In the proposed COMPLETE SCHEME a "colony" on the site is suggested to house tuberculosis families whose conditions make it advisable.

TABLE "C."

HOUSING CONDITIONS OF PATIENTS.

Number of Rooms occupied by Patients and their families.

Rooms	1	2	3	4	More than 4	Common Lodging-houses, Apartments, etc.	Total.
Patients	61	155	130	62	123	A few.	531

N.B.—Sanitary defects reported, 108.

TABLE "A."—Section I.

The total number of notifications (see Section III., Table "A") from Private Practitioners was 236, and of those 10 were cases previously reported. With the number of cases notified by School Medical Officers, the total number coming under the notice of the Health Department during the year was 239.

The number of deaths registered was 241, giving a death-rate of 1·27. Pulmonary deaths registered numbered 195 with a mortality rate of 1·03, and non-pulmonary deaths 46, shewing a death-rate of 0·24 per 1,000 of the population.

From Section II. of this Table it will be seen that the mortality was greatest between the ages of 15 and 45 years.

Year.	All Forms.			Pulmonary.			Non-Pulmonary.		
	Cases Notified.	Deaths.	Rate per 1000	Cases Notified.	Deaths.	Rate per 1000	Cases Notified.	Deaths.	Rate per 1000
1914	501	342	1·61	370	262	1·23	131	80	0·37
1915	410	320	1·70	322	236	1·25	88	84	0·44
1916	542	354	1·91	376	254	1·37	166	100	0·54
1917	467	332	1·85	364	243	1·35	103	89	0·49
1918	547	389	2·16	417	300	1·66	130	89	0·45
1919	340	304	1·67	266	231	1·26	74	73	0·40
1920	229	241	1·27	189	195	1·03	40	46	0·24

TABLE "A."—Section II.

Summary of Deaths for the year 1920.

Causes of Death.	Under 1 year.	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards.	Total all ages.
Phthisis (Pulmonary Tuberculosis)	1	1	1	9	49	90	40	5	195
Tuberculous Meningitis	2	—	7	10	1	2	—	—	22
Other Tuberculous Diseases	2	1	—	3	4	10	1	3	24

TABLE "A."—SECTION III.

TUBERCULOSIS.

Summary of Notifications during 1920.

	FORM A.													FORM B.			FORM C
AGE PERIODS—	0 1	1 5	5 10	10 15	15 20	20 25	25 35	35 45	45 55	55 65	65 up	Total Primary Notification.	Total including Duplicates.	0–5	5–10	10–15	In Sanatoria.
Pulmonary Males ...	1	1	4	4	10	12	19	12	15	3	2	83	88	—	—	—	204
,, Females ...	—	2	4	4	14	19	31	22	5	3	—	104	107	—	2	—	64
Non-Pulmonary Males ...	1	4	5	—	2	1	4	1	2	—	—	20	21	—	—	—	9
,, Females ...	—	2	4	2	6	1	1	1	2	—	—	19	20	—	1	—	2
												226	236				

TABLE "B."—SECTION I.

STATEMENT SHEWING RESULTS OF TREATMENT IN DEVON AND CORNWALL SANATORIUM (COUNCIL BEDS), DIDWORTHY.

Council Beds—42 (Males, 24 and Females, 18.)

	Number under treatment 1st Jan., 1920.	Admissions.	Total number treated.	Discharges.						Number under Treatment Dec. 31st, 1920.
				Relative Cure.	Improved.	Stationary.	Worse.	Left off Treatment against advice.	Died.	
Non-Insured :—										
Males	7	22	29	3	15	1	3	1	1	5
Females ...	13	38	51	2	34	2	2	1	—	10
Insured :—										
Males	9	42	51	—	31	3	1	3	2	11
Females	4	26	30	1	14	4	2	1	1	7
Ex-Service :—										
Males	8	40	48	—	36	5	2	2	1	2
Grand Total ...	41	168	209	6	130	15	10	8	5	35

TABLE "B."—SECTION II.

STATEMENT SHOWING RESULTS OF TREATMENT IN "UDAL TORRE" SANATORIUM (COUNCIL INSTITUTION), YELVERTON.

Council Institution of 38 Beds (Males), opened on 13th April, 1920.

Number of Cases treated.	Discharges.						Undergoing treatment Dec. 31st, 1920.
	Relative Cure.	Improved.	Stationery.	Worse.	Died.	Left against advice.	
74	4	22	6	—	4	6	32

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