

Tuberculosis

Everybody had it

Background

In the first decade of the twentieth century tb was responsible for 1 death in 8 in England and Wales 1 death in 3 for men aged 15-44 one half of all female deaths aged 15-24 and a quarter of all female deaths 25-44 years. For infants and children the death rate was 5-14 0.7 for boys and 0.6 females. Figures for the Medical Officer of Health Oxfordshire 1931 show a death rate of 60 per 100,000 Tuberculosis could affect any organ in the body the most common site was the lungs accounting for 80-85% deaths. Children particularly those under the age of 5 had non pulmonary form affecting bones, joints, skin etc. caused by bovine infection and this is reflected in the figures for Chinnor .

Mrs Howlet recalls that tb was very common in the village 'everybody had it'.

Mrs. Howlett report that all the houses were lime washed as a disinfectant. In particular relevance for Chinnor in 1906 a French physician, Louis Renon noted that a small village of Yonne in a limestone area where lime burning furnaces were used there were no cases of tb. Dormandy 269 This theory gained momentum for a few years before some more critical and better designed studies refuted the evidence. Chinnor Lime and Cement Company founded since 1908 might have afforded some protection with its annual output of 120,000 tons of cement and 12,000 tons of lime, but as can be seen from the records of bt notification certificates (compulsory since 1913), 12 people were diagnosed with tb between 1916 and 1926 out of an average population 980.

From death certificates and data obtained and from the register of notifications in all, between 1894-1947 of 36 notified cases 24 deaths were recorded. The register of notifications 1912- 1947 report thirty six notifications of tuberculosis were recorded and data included 5 deaths of Chinnor residents who were not buried in Chinnor and did not show up on the CPR of burials. This brings the total deaths to 24. Four patients were admitted to the Berkshire and Bucks sanatorium with no final outcome recorded and two were known to have left the area and for another eight again the final outcome was unknown. Only one death was recorded without a prior notification and that was a child aged 11 months in 1914 whose death certificate recorded death from pneumonia, peritonitis and ?TB.

Notifications

One of the real issues in the successful treatment of tuberculosis was the reluctance of patients to seek medical help. Patients were often ostracised by society and stigmatized for the rest of their lives so naturally shied away from coming to the notice of the authorities and although it had become a notifiable disease in 1912

many doctors were reluctant to report a notification on patients in spite of the 1/- fee that they earned by doing so. Some only notified when the disease was active and according to Dormady the most compassionate waited until the disease was terminal. There was also the issue of losing the patients confidence and if word got around, subsequent fees. The issue may be best summed up by quoting Dormandy 309

‘Unfortunately tuberculosis was unlike all the other fevers (which were notified): it was not in fact a fever. For many families it was more a way of life or a way of death. More often than not notification merely made the way more painful’.

A review of the data for Chinnor 1912- 1947 indicates that the majority of notifications came either from the Tuberculosis Officer for the district or from the medical officer of the medical institution in which the patients were residing rather than from their own gp who would be paid 2/6 per notification. However one or two names occur. Dr. Stevens, mentioned in Kelly’s Directory 1928 and 1931 , was first noted on the tb register in 1930 and was last mentioned 1938 . In all he only notified three patients over what appeared to be a 10 year period. On the other hand Dr. Summerhays, noted in Kelly’s Directory in 1920, notified one patient from Chinnor in 1924. However, from the register it was clear that he notified a large number of patients from his practice in Thame . From the review of the notification register for Chinnor indicates it appears that only one death occurred (an 11 month old baby) without notification.

Tuberculosis in Oxfordshire.

Figures for Oxford

Figures from the First Annual Report 1911 of the Oxfordshire branch of the National Association for the Prevention of Tuberculosis give the figures for Oxfordshire as

2651 deaths from all causes of 270 were from tuberculosis.

660 deaths from all causes of which 76 (more than 1 in 9) from tuberculosis

Of these 128 deaths between the ages of 5-35 53 (more than one third) from tuberculosis.

74 deaths between ages 5-25, 36 (nearly half) from consumption.

Prevention and treatment

The campaign against tuberculosis in Oxfordshire for which Chinnor could have benefited was started by Sir William Osler and was based on what Sir Robert Philip was doing in Edinburgh.

The first annual report of the Oxfordshire Branch of the National Association for the Prevention of Tuberculosis January 1911 outlined its scheme of work that they had adopted in the belief that it would be effectual in reducing the spread of tuberculosis.

The first move was to be the provision of dispensaries which would be the centre of operations and the communication link with other factors. The first dispensary was opened at the Radcliffe Infirmary as a special out patient department open one day a week and attaining an average of 40-50 patients a day many coming from long distances to attend. Home visits and family scrutiny also played a part in the scheme. The issue of notification was addressed but the patient's condition was only notified to the Medical Officer of Health if the patient consented

in writing. In addition a specially trained nurse was appointed at a salary of £100 a year plus travelling expenses and the Oxford City Council contributed to the salary of the Tuberculosis Officer of the Association attached to the Department of Public health and who works full time on preventative work in the county.

Information about patients attending the dispensary were sent to local nursing associations to supply nurses to supervise patients at home. Further branch dispensaries were planned (one eventually being set up in Thame).

The Association also provides a simple form of shelter which can be set up in gardens or fields to provide home open air treatments.

Sanatorium treatment

The predominant form of treatment of tuberculosis in the first half of the twentieth century was in a sanatorium and it is to the sanatorium regime that the patient turned for the second option which was a period of inpatient treatment including: rest, fresh air, nutrition and if necessary other therapeutic interventions such as pneumothorax. By following the regime of the sanatorium it was hoped that the patient

Treatment for tuberculosis under the 1911 National Insurance Act was free to all wage earners and their dependants by 1921 local authorities were required to provide free sanatorium treatment to all tuberculosis patients in their area and by 1938 there were in excess of 30,000 sanatorium beds.

Residents of Chinnor on the notification register were disseminated to a range of institutions: four to the Berkshire and Buckingham Joint Sanatorium also known as the Maitland Sanatorium, one to the National Sanatorium Benenden Kent, two to the Royal Sea Bathing hospital Margate and one to the National Sanatorium Bournemouth and one to the Osler Pavilion at the Radcliffe Infirmary Oxford. One other resident who may have had tuberculosis was found on the infectious diseases

register 1911, prior to statutory notification, who was suffering from scarlet fever and was referred to the Brompton hospital London and died in 1913.

It was felt that any treatment carried out in a sanatorium could be equally be well managed at home which is where the Oxford dispensaries come into play lending equipment etc for home use. Unfortunately, there are no records available of the work of the tb dispensary in Thame.

Incidence of Tuberculosis Chinnor 1895-1957 from Parish Records, Death Certificates and Notification Register.

Notification not compulsory until 1912

Name	age		disposal
Emma Croxford	26		d. 1895
Ernest Witney	17		d. 1897
Charles Stevens	34		d. 1898
Frederick Parker	26		d. 1901
Mary Witney	22		d. 1903
Henry Colsell	2 yrs		d. 1903
Amelia Copus	19		d. 1907
Ada Lacey	28		d.1907
Herbert Fortnum	9	TB meningitis	d. 1908
Arthur Clare	34		d. 1910
Olive Levermore	22		d. 1913
Bassden in CPR	13	notified 1914	B&B san Peppard, not found
Frank Gibbs in CPR	13	notified 1914 by TO	died no date not found
John Witney CPR	33	" 1914	left area, not found in
Ernest Rogers	32	1916	d. 1916
William Plummridge in CPR	26	" 1919	BB san Pep. Not found

Nixon Benenden not found in CPR	21	"	1920	San. MO National Sanatorium	
Lilian Witney Bournemouth	24		1920	San. MO, National Sanatorium	d. 1921
Mrs Witney	51	"	1921	TO	d. 1922
Cecil Baldwyn	31	tb osteomyelitis			d. 1922
John Twyman	16	notified death certificate not found			d. 1923
Nellie Welford	10	tb meningitis			d. 1923
Grace Harris	25	"	1924	TO	d. 1926
Tyler Kenwood found in CPR	17	"	1924	TO	d. 1925 not
Ellen Cocks	61	"	1924	Summerhays	d. 1924
Wm. Gleach	42	"	1925	TO	n.k.
Jack Hurst	9	"	1926	TO	B&B san
Phylis Davis	25 (imbecile)	"	1930	TO	d. 1930
Alfred Howlett	7	"	1930	Stevens	n.k.
Grace Howlett Royal Sea Bathing Hospital Margate.	8	"	1930	Stevens	both sent to the n.k
Neither Grace nor Alfred found in CPR.					
Bushell found in CPR	26	"	1932	TO	n.k. not
Sidney Howard not found in CPR		"	1932	TO	n.k.
Blanche Howard .	34	"	1932	TO	Osler Pavilion Oxford d. 1936
Herbert Horwood			1933	TO	recovered 1942
Keogh James	37	"	1935		d. 1936
John Barnden	13		1938	Stevens	B & B San nk

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Francis Good not found in CPR	62	“	1940			n.k.
Margaret Kennedy removed from register 1940	10	“	1934, recovered 1937 re notified 1939 ? recovered			n.k.
Irene Buckingham	38	“	1941	TO		d. 1943
Bernard Everett	69	“	1942	TO		d. 1943
Monica Bryan not found in CPR		“	1943	admin office RI		d. 1946
Hilda Baldwin not found in CPR	33	“	1943	TO		d. 1944
Benham Dorothy not found in CPR	36	cervical glands	notified 1944		Gillett	n.k.
Bryan Gwynneth mother of Sheila.	31	tubercular laryngitis, pulmonary tuberculosis				d.1945
March Sheila Bryan daughter of Gwynneth.	16 months	“	1945			d. 1945

There is one other Bryan (Monica) at the same address notified 1943 who died of tuberculosis in 1946 according to the notification register but who is not recorded in CPR and whose death certificate was not available so age and exact relationship is not determined.

Thomas Holbred	45	“	1946	TO		left area.
Bragington	27	“	1947	TO		recovered.
James Eustace	42	“	1947	TO		recovered 1947
Christine Joseph not found in CPR	33	“	1940	TO (Russian refugee)		n.k
Morris not found in CPR.	49	“	1948	Stroud		d. 1948