

No Charge—No Undressing: Fronting up for Good Health. By Peter J. Tyler (Community Health and Tuberculosis Australia, Sydney, 2003, illus., \$50.00, ISBN 0-646-42731-8) 242 pp.

TUBERCULOSIS HAS BEEN AROUND IN THE ‘OLD WORLD’ FOR CENTURIES, under various names: phthisis and consumption (reflecting the wasting of the body), scrofula or King’s evil (affecting the glands in the neck), the ‘white plague’ and, more recently, just TB. Bunyan called it ‘the captain of these men of death’. It has been the disease of heroines of opera and of notable writers and musicians such as Chopin, Keats, the Bronte sisters and Chekhov.

In *No Charge—No Undressing* Peter Tyler has followed the history of the early attempts in Australia to deal with tuberculosis, the founding of the National Association for the Prevention and Cure of Consumption in 1913 and the subsequent history of the association. The book was commissioned to mark the ninetieth anniversary of the association, and traces shifts in its policies and directions, as well as its various titles: decisions made to accommodate the changes in the knowledge and treatment of tuberculosis. Tyler has made full use of the archival material, government records and other writings. He has also managed to gather an interesting collection of photographs, including a copy of one of the association’s brochures advertising the arrival of its mobile X-ray unit carrying the slogan ‘No charge—no undressing’, which gives the book its title. The older ones among us will remember the association as the Anti-TB Association, and recall the familiar mobile X-ray units and the Cross of Lorraine insignia of the international anti-tuberculosis movement, originally adopted in Paris in 1902.

Tuberculosis was one of the major infections that were taken with the voyages of discovery to the colonies, with disastrous effects for the indigenous populations who had no previous exposure to the disease. The later practice of sending TB sufferers to the antipodes in search of a healthier clime also helped in its spread. In Australia, the first death from TB is said to be that of Forby Sutherland, a seaman on Cook’s Endeavour, in 1770. Tuberculosis may have caused more deaths among the Aborigines than either smallpox or syphilis. Because it often affected whole families and communities, it was thought to be hereditary, associated with dissolute behaviour, poor stock or the result of inhaling miasmatic vapours. It was only in 1882 that Robert Koch in Germany showed that tuberculosis was an infectious disease and identified the causative organism *Mycobacterium tuberculosis*. This led to movements throughout Europe and in Australia to improve public health, hygiene, water supplies and sanitation, although there was still a strong link with the intemperance movement. *The Sydney Mail* reported in 1913 that two years before, in 1911, there had been 3736 deaths in

Australia from tuberculosis, including 238 children under five years of age, and that this may have been an underestimate.

As in Europe and America, voluntary bodies and governments in Australia made attempts to deal with TB. The first sanatorium was opened independently in Picton in 1877, and the New South Wales government established a Board of Health in 1881, although mainly to combat smallpox. In 1901, a meeting called by the mayor of Sydney to plan ways of preventing TB was attended by doctors, religious leaders and concerned citizens. There it was decided that a special association should be formed, but in spite of various efforts it was not until 1910 that a public meeting was again held to institute a 'national movement for the prevention and cure of consumption'. Sir Philip Sydney Jones, a physician and son of the founder of the department store David Jones, chaired the meeting and introduced a fourteen-point action plan later adopted by the association. It was resolved to establish the National Association for the Prevention and Cure of Consumption, and Philip Sydney Jones became its first president. In 1912, the association opened the first anti-tuberculosis dispensary in Australia in Sydney's Haymarket, and produced its first annual report in 1913.

Tyler has traced the subsequent history of the association, its fund raising, relationships with government, and its changing roles and restructuring. Throughout its history the association appears to have had dedicated and influential board members drawn from the community, church groups, the medical profession, business and industry, and government. Many doctors provided their services for free. There were times when concerns were raised by some doctors and pharmacists that there might be a threat to private practice, but overall the attitudes have been supportive and accepting.

There was no specific treatment for tuberculosis and early treatments relied on bed rest and isolation in sanatoria, which at least had the effect of reducing contact infection. These were not always treatments accessible to working-class patients, many of whom were forced to conceal their illness. Tuberculosis became a notifiable disease in the city of Sydney in 1904 and this was extended to the metropolitan and Hunter regions in 1915.

X-ray screening was not available in the clinics until 1930 and was limited by cost. In 1941 the association acquired its first miniature radiography equipment, 'the celluloid strip', which had been introduced for the examination of recruits in World War II.

In 1942, the association carried out its first industrial X-ray project at Philips Industries for a fee of £250. This was to usher in the mobile mass-screening program, at first for individual organisations and then, with government support, for the general population. In 1948, the Chifley government introduced the Tuberculosis Act under which the

Federal government agreed to finance free and compulsory diagnostic and treatment facilities in every State, a policy that was continued under the Menzies government. The mass-screening program started in 1953 and extended to rural areas with the help of volunteers from community organisations. The program was well accepted, and no one questioned the costs in terms of cases detected. Some of the units would be on the road for months at a time; some of the staff from these units were present at the launching of the book and talked about their experiences with a degree of nostalgia. The Anti-TB Association also carried out surveys in Nauru, the Northern Territory and Christmas Island on behalf of the Commonwealth government.

In the 1920s, artificial pneumothorax (collapse of the lung) became popular and, with the increasing numbers of cases detected by X-ray, other surgical procedures were introduced including the removal of ribs and lung resection. It was only in 1944 that streptomycin, the first of the antibiotics effective against tuberculosis, was discovered and, in time, revolutionised treatment. In 1953, the (by now) Anti-TB Association was able to build a special clinic for diagnosis and treatment in Crown Street, Sydney, ironically at a time when the need for such a clinic was actually subsiding. The building was sold in 1982 to Foundation 41.

Other conditions were also being detected including lung cancer and heart problems, which were then referred on for treatment. By 1959, more non-tubercular cases were detected than new tuberculosis cases, and later it was found that lung cancer was increasing more rapidly than TB was declining. By 1976, when the Fraser government revoked the Tuberculosis Agreement, the association was already taking on a wider role. Records show that 1,350,000 X-rays were taken at the association's clinic in Surry Hills between 1932 and 1980, with a further 11,623,419 X-rays taken at the mobile clinics between 1948 and 1980. The detection of more than 9000 cases of tuberculosis by the association during the twenty-eight years of the Commonwealth-funded campaign was quite a remarkable achievement.

In 1975, the association became the Community Health and Anti-Tuberculosis Association (CHATA), and a member of a national organisation. Its work was broadened to include research and teaching on tuberculosis and community health in Australia and in the region. However, although the incidence of tuberculosis has been reduced in Australia it has by no means been eliminated either here or among our neighbours. Tyler quotes the World Health Organization, which now considers 'tuberculosis to have become a global emergency that is out of control in many countries, infecting at least one-third of the world's population', with an increasing incidence in the Western Pacific region. In 2001, the association changed its title again to Community Health

and Tuberculosis Australia (still CHATA) to facilitate its overseas activities. Although there have been some rivals to CHATA over the ninety-year history of the association, it has survived as an excellent example of government / non-government cooperation. This is due in no small part to the dedication of its volunteers and staff, and their ability to recognise and plan for a changing environment and to make responsible decisions.

Tyler has divided the book into chapters, each dealing with specific aspects of the association's work. It is not an easy choice. One disadvantage is that this inevitably results in some disruption of the narrative, repetition of some sections and minor errors. But this is more than compensated for by the breadth of his research. In addition to the actual history of the association, Tyler has included brief biographies of some of the main activists, lists of presidents and key staff, properties bought and sold, statistics of services, and research grants and scholarships awarded since 1992. In that period more than \$1.6 million has been dispersed for research and training. He also gives a chronology of the actions taken in the fight against tuberculosis from 1901. Such data will be of great assistance to future historians and we owe him a debt of gratitude.

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Good Riddance. A History of Waste Management in Manly, Mosman, Pittwater and Warringah. By Pauline Curby & Virginia Macleod (Joint Services Committee of Warringah, Manly, Mosman & Pittwater Councils, 2003, pb, \$30, ISBN 0-646-42791-1, available from Kimbriki Recycling & Waste Disposal Centre, Kimbriki Road, Terrey Hills, NSW 2084) vii + 224 pp.

HERE IS PUBLIC HEALTH HISTORY WITH A DIFFERENCE! MOST PEOPLE REGARD household rubbish with the NIMBY syndrome, yet the techniques we use to dispose of our wastes are an intrinsic part of our well-being. Indeed, it may well be a more important contributor to public health than the ministrations of the medical professions.

Good Riddance is a historical account of the development of waste disposal methods in the four adjacent local government areas comprising the northern beaches of Sydney. The first white settlers followed the practice of their Aboriginal predecessors by leaving their detritus where it was created, although the original inhabitants at least had the good sense to move home afterwards. As population increased and