THE PUBLIC MILK SUPPLY.
AS ILLUSTRATING THE NEED OF A MINISTRY
OF HEALTH.

BY

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GENTLEMEN,—May I, first of all, be permitted to explain how it comes about that I am presuming to address you for the second time from the Presidential chair. As you know, I have been very desirous of seeing our work of "Reconstruction" proceed apace; and so I asked that, in arranging the programme of papers to be read during my year of office, the April Meeting should be left open—so that, if there should happen to be any item of "Reconstruction" upon which the members of the Society were seriously divided, we might have the advantage of discussing it at a General Meeting. Happily, it has not been judged necessary to so allot the April meeting; and, therefore, at short notice, I have jumped into the breach with a short paper to open a Discussion upon another subject of interest and concern to us. I have selected the subject of the Public Milk Supply—as illustrating the need for a strong Ministry of Health.

Seeing that the Ministry will be concerned with the one object of promoting the public health, and that it will be directly activated by outside (non-official) elements, we shall expect it to display the necessary decision and courage in dealing with certain outstanding public health needs, among which the improvement of the Public Milk Supply takes a prominent place. The Ministry, unlike the Local Government Board, will not be shackled by tradition. The Local Government Board was never essentially a Board of Health; it had to deal with other issues which claimed at least an equal consideration; and among the body of permanent officials who mainly directed its health policy, the medical personnel was subordinate to the non-medical. Accustomed to sitting on the fence and watching public health movements pass ahead before it jumped off the fence and caught them up, it generally preferred to take those halting half-measures which effect so little. It was obsessed with the paralysing spirit of compromise, and its official dignity was super-sensitive to outside criticism; it was fearful of moving in advance of the public opinion that it made no effort to form and too little effort to gauge. In its official aloofness it was often out of close and sympathetic touch with the workers in the field of public health,

and therefore both central and local public health administration lost in reciprocal activation. In short, it was anti-progressive and even reactionary in its conservatism; unimaginative and exclusive. This is not exactly a panegyric upon the Local Government Board, but I believe that it represents the prevalent views of medical officers of health. We realise how much more would have been achieved if the medical advisers had been allowed a freer hand; we do not fail to appreciate how much Sir Arthur Newsholme effected in all the circumstances; and we are confident that his equally gifted successor, Sir George Newman, will achieve much in the happier auspices under which he undertakes these responsible duties.

So far as the Public Milk Supply is concerned, the Ministry of Health will find inefficiency and supineness to be very prevalent amongst Local Authorities; and it will have to conclude that the Central "Powers that be" were mainly responsible for this—for both Parliament and the Local Government Board failed, through compromise and *laissez faire*, to meet the public need and a public demand. I do not suggest that some compromise is neither desirable nor necessary in most mundane affairs; but seeing that the safety of the public milk supply is a matter of vital concern to the community, there should be no compromise here, so long as the necessary supply of milk at a reasonable cost is not seriously jeopardised. It is not too much to say that hitherto what have been superficially regarded as Trade interests have received concern at the expense of the public interest. But a well-advised and powerful Ministry, out to justify the great expectations that have been raised with reference to it, realising the public demand for a real effort, and benefiting from the failures of the past, is likely, I venture to suggest, to take action and to form conclusions somewhat on the following lines:—

It will first take stock of the present state of matters; and it will find that much of the milk sold is dangerously dirty, that this dirt alone is responsible for much infant sickness and mortality, especially in the summer months; that from 5 to 10 per cent. of all the samples of cows' milk examined contain the germ of tuberculosis, and that in young children nearly one-half of the fatal cases of abdominal tuberculosis are due to this germ; that occasionally milk infected by humans causes outbreaks of diphtheria, scarlet fever, enteric fever, etc.;

and that while 11 per cent. of all the samples taken under the Sale of Foods and Drugs Acts are adulterated, there is only one sample taken in the whole year to every 700 of the population of England and Wales! Thus it will find that for many years the "powers that be" knew that the Public Milk Supply was more than a menace to public health, and that it was much adulterated; and yet the administrative measures passed by Parliament have done little more than foster an unwarranted sense of security—they have not only failed to supply a safe milk supply, they have, in fact, done but little to bring about the slight improvement of recent years.

In seeking for the reasons for this, the Ministry would naturally bring in review the legislation and administration that has failed; and then I suggest that it will have no difficulty in accounting for the failure. It would find that the Regulations empowered by the Dairies, Cowsheds, and Milk Shops Orders, for the sanitation of dairies, cowsheds, and milkshops, and for guarding against the infection of milk, are optional for adoption; and that, as a consequence, nearly 10 per cent. of the Rural District Councils have never adopted them; that even the Model Regulations of the Local Government Board (1899) are so limited and indefinite, that an effort to enforce them is followed by a minimum of good results (such directions as "sufficiently lighted," "sufficiently ventilated," "a water-supply suitable and efficient," and sweeping and cleaning "as often as may be necessary" are unsatisfactory from the administrative standpoint); and that no adequate provision has been made whereby these Regulations (when adopted) can be efficiently administered, in the rural districts where the large bulk of our milk comes from, and where agricultural and dairy interests are predominant on the District Councils.

They would find that Acts of Parliament have been passed (the Infectious Disease Prevention Act, 1890, and the Public Health Act (Amendment) Act, 1907), containing useful provisions for dealing with outbreaks of milk-borne disease; but owing to the same halting and compromising spirit, no local authority need adopt them unless it elects to do so; and so, of the rural districts, barely more than 50 per cent. have adopted the former, and less than 25 per cent. the latter—and often where adopted they are not strictly enforced.

It would conclude that adulteration of milk was still rife, mainly because of the inadequate

provision of means for detecting it, the failure to prescribe a sufficiently discouraging minimum penalty upon all those who are convicted, and the warranty defence.

In short, it would find that milk legislation has been mainly permissive and poorly administered, that weakening compromises have been made between the public health needs of the masses and superficially regarded agricultural and dairy interests; and that inadequate inspection, supervisory laxity, indefinite regulations, and non-security of tenure for the local medical officer of health and sanitary inspector, have contributed to the scant results obtained. And so, be it said in reproach of our public health legislation, our large dairy companies have found it necessary to provide for their own sanitary inspection and to frame their own regulations and conditions in reference to the dairy farms supplying them with milk, in order to safeguard their customers and themselves against the possible consequences of the neglect of local sanitary authorities!

Now what decisions would a strong Ministry of Health be likely to arrive at?

It would decide to organise public educational propaganda—

- (a) In favour of really effective legislation and administration; and
- (b) To educate the trade and the public.

It would regard this latter education, by which the producer is taught to improve upon faulty methods and the consumer to demand clean milk and to guard its cleanliness after it enters the home, of *essential* importance.

In the solution of the milk problem we have to face that ignorance and carelessness which clog the wheels of all public health progress. It would, therefore, conclude that without a real educational effort, the usual bi-yearly inspections by inspectors who know little or nothing about dairy farming must furnish meagre results, even if the local authorities were determined to make the most of their existing legal powers.

Although of educational value, the "grading" of milk would be regarded as a temporary expedient, and one that must not involve any neglect of the rest of the milk; for *all the milk sold* requires to be raised to a reasonable standard of purity, as soon as possible. So also, while approving of the educational value of score-cards, it would not fail to demand satisfactory sanitary provisions (or a good score-card figure) with reference to *all milk*.

The Ministry would conclude that the time had come to stop the distribution of milk, half-a-pint of which throws any obvious deposit in a tumbler. It would fashion the necessary machinery for promptly dealing with such milk as food unfit for human consumption. While the practical difficulties of applying standards based on bacterial counts are very great, one based on dirt which can be demonstrated to all concerned is easily practicable. But the Ministry would provide for further research, with the object of defining a dirt test which should determine action by the Local Authority. Direct microscopical examination and bacterial counts could be usefully employed for furnishing clues for inspection.

The Ministry would decide to codify, amend, and make compulsory, all legislation dealing with milk. It would resolve to leave off tinkering with the subject, by measures that have demonstrated their futility, and to take such legal action as is calculated to bring about a considerable measure of success. It would not be deterred by the whines and threats of unprogressive dairymen. It would, for instance, recall their prognostications of disaster when the prohibition of chemical preservatives in milk was suggested; and that, when such additions were prohibited, these prognostications proved to be quite unwarranted—that even in summer sweet milk continued to be delivered to the consumer at the old price.

It would turn to an Act of Parliament which has many attractive features, but which has not yet come into operation. I refer to the Milk and Dairies Consolidation Act, 1915, which contains useful provisions directed against the sale of tuberculous milk, enabling the Local Government Board to make orders in many important respects, securing the compensation to officials who may be at loss through the fearless discharge of their duties, providing for the enforcement of their duties upon defaulting local authorities, etc. It will be concluded that the Act needs strengthening amendments, especially in the direction of making certain optional powers compulsory.

The Ministry would also consider the Tuberculosis Orders which were in force for about 15 months prior to the outbreak of war. These Orders only dealt with cows with tuberculosis of the udder, which yielded tuberculous milk, or suffered from tuberculosis with emaciation; but they provided a wise instalment of fuller measures to follow. I cannot ascertain the number of veterinary inspectors appointed for

the purpose of the Tuberculosis Order of 1913, but the number of animals slaughtered for the period first of May, 1913, to 30th June, 1914, during which the Order was in operation, was 7,952 in the whole of Great Britain. During the period of operation of the Tuberculosis Order of 1914, which superseded the Order of 1913 on the 1st July, 1914, and continued in force up to the 6th August, 1914, 1,004 animals were slaughtered in the whole of Great Britain. How many of these cows were "chronic wasters" which the farmers were not averse to removing from their herds in return for some compensation I do not know; but I believe that such wasters were almost exclusively dealt with in those counties and county boroughs where veterinary surgeons in local practice were engaged to give part-time services. The Ministry would conclude that only whole-time veterinary surgeons, with security of tenure and ranking as public health officials, must be employed to make periodical inspections over suitable areas or combinations of areas if the order is to be successful. The saving of loss (a) of cattle from tuberculosis, and (b) of milk from souring, would more than meet the national cost of providing for such inspections, compensation, etc. The Tuberculosis Order of 1914, with a sufficient staff of veterinary inspectors to admit of quarterly inspections of all milch-cows, and the compulsory establishment of the necessary laboratories in each county, would go far to dispose of the dangerously tuberculous cows; and the enforcement of more open-air conditions of the sheds, would do much to reduce the prevalence of tuberculosis and of several other diseases—so that ultimately there would be a good return for the outlay involved. By such means the dosage of tubercle bacilli in dairy milk would soon become so small as to greatly reduce the human danger; and later it would be possible to make a national effort to eradicate the disease, on some such lines as Bangs.

The Ministry, impressed with the fact that any Tom, Dick, or Harry may sell milk, although he could be prevented from keeping a common lodging-house or from opening a public house, would decide that a dairy license, dependent upon the suitability of the person as well as the premises, and renewable yearly, should be legally demanded. (In 1918 the Food Controller issued an Order, under the Defence of the Realm Regulations, enabling a Local Food Committee in England and Wales, with the consent of the Food Controller, to

revoke any certificate of registration, if satisfied that the premises or manner of keeping milk were unsuitable, if sanitary regulations were infringed, or if there was failure to take all proper steps against the spread of disease. But my own experience of local Food Committees leads me to expect that very little of any such action was taken ; it is quoted because here was first provided (albeit temporarily) the legal instrument for dealing with a serious defect in milk legislation.)

The Ministry would decide to approve of no regulations relating to dairies which were indefinite or disputable. For instance, the "sufficiently ventilated" of the Model Regulations of the Local Government Board would be substituted by a demand for a given area of inlet and of outlet and a definite floor area or cubic space per cow ; and the sanitary requirements of the collection and distribution of milk would be clearly defined.

Realising that small rural and urban areas need to be combined into larger administrative areas with the necessary staff ; that local sanitary officers must be protected by security in the tenure of their posts ; and that much more frequent inspections of premises and methods are necessary, the Ministry would conclude that in default of these two essential conditions for success the failure of the past was inevitable.

We have failed chiefly because our inspection system is a bad one. It is inefficient because it is performed only at long intervals by officials who are not capable of dealing with more than the sanitation of the premises and the water supply, and who generally succeed in all the circumstances in getting little done where much is needed, even in respect of these matters. With the more essential matter of what is done every day within the dairy buildings, he scarcely concerns himself, for he knows little of such matters, and the farmers realise this. What is wanted is educational inspections by officials who are competently trained for this work. So the inspections made by local sanitary personnel in rural and small urban districts should be supplemented by inspections provided by county officials, with duties well defined by the Ministry. I suggest that this could be done with the maximum of effectiveness and the minimum of friction by specially trained veterinary officers appointed to deal with bovine tuberculosis. Education must go *hand in hand with it*. And so specially

trained inspectors are needed for the dairy farms ; and these, with veterinary and sanitary knowledge and technical dairy training—and so capable not only of detecting what is unsatisfactory in cows, methods and premises, but also of assisting with advice as to the right remedies, would soon achieve valuable results.

It is by this advice that that we shall effect much. If I took the view that inspections, followed where necessary by legal action, were all that we had to rely upon, I should attach a limited value to the appointment of County Council Inspectors, and would much prefer that there were inspectors under the Ministry ; but I believe that either combinations of rural districts or county councils would be prepared to approach the milk problem on lines that would be helpful and educational to dairy farmers and their employees, and that the need for them to institute legal proceedings would thus become very much reduced.

The Ministry would not fail to recognise that the enterprise shown by local authorities will depend largely upon the extent to which it keeps in touch with what the local authorities are doing ; and the firmness with which it handles defaulting authorities.

To reduce adulteration it would decide that samples of milk should be taken at the rate of at least one to every 400 of the population, per annum, instead of one to 700, as at present ; that health visitors should be trained to undertake simple sampling tests in the home—reporting unsatisfactory results to the M.O.H. ; that the minimum fine for any proved offence should be 21s. ; that the Warranty clause should be repealed ; and that we should hear no more of the "appeal to the cow"—the dairyman being held responsible for so grading his herd that any milk sold shall at all times at least comply with legal requirements.

And if the Ministry did what has been suggested, what would happen ? The better general knowledge and concern, alike of the trade and the public ; the increased scope and stringency of legal requirements ; and the more adequate inspection, would cause a few undesirables to drop out of the trade, to the greater safety of the community ; and the large majority of the trade would fall into line, and a much safer and no more costly public milk supply would soon result.

Surely the Ministry will direct its early consideration to this important subject and decide to reap the considerable measure of

success that will lie within its grasp. If by this test it succeeds, it will not be likely to fail in its efforts to effect certain other public health reforms which we shall all welcome.

PREVENTION OF VENEREAL DISEASE.

PROVISION OF EARLY TREATMENT CENTRES.

In an excellent report recently furnished by Dr. A. Mearns Fraser, M.O.H. for Portsmouth, the absurdity of the recent proposals of the Local Government Board with regard to the establishment of auxiliary early treatment centres is dealt with. Dr. Fraser criticises the practical utility of these establishments, and points out the failure of "treatment huts" provided a year or two ago at all Army camps and barracks in the district. Whatever advantage may accrue from the early application of antiseptics after possible exposure to infection, there is an insuperable difficulty in getting persons to use these "huts," and the same or superior results can be much more readily attained by the issue of appropriate outfits. "The provision of auxiliary centres," he continues, "in various parts of the town appears to me to be clumsy, extravagant and futile. To mention one fatal objection only: it is said such places should be inconspicuous. In the first place it is practically certain that the character of the place would become known, consequently, persons would not care about being seen to enter them. In the second, if it were possible to render them so inconspicuous as to escape public notice they would also be so inconspicuous that persons who wanted to resort there would not know where to find them."

Additional evidence as to the complete impracticability of the proposals of the National Council for Combating Venereal Diseases, is supplied by the recent report of the Public Health Committee of the London County Council, wherein it is stated that with one exception the hospital committees of all the London hospitals at which venereal clinics are in operation have definitely expressed the opinion that it would be impossible for them to introduce such treatment. No one with any experience either in human nature or administration could have imagined that such suggestions could ever be carried out successfully.

LEEDS CITY COUNCIL.—The salary of Dr. W. Angus, M.O.H., Leeds, has been increased from £700 to £1,000 per annum.

KIRKALDY TOWN COUNCIL.—The salary of Dr. G. W. McIntosh, M.O.H., Kirkaldy, has been increased from £375 to £500, with an additional £100 for maternity and child welfare and £50 for venereal diseases.

MATERNITY AND INFANT WELFARE.

1. MAINTENANCE OF DESTITUTE INFANTS.—The Medical Officer of Health for the Urban District of Ilford has been instructed by his Council to take steps to ascertain the views of other Sanitary Authorities within the area of the Romford Union as to the desirability of relief work in connection with Maternity and Child Welfare being taken over, partially or wholly, by Local Authorities, with a view to obtaining the 50 per cent. financial aid from the Treasury, and so effecting a saving in cost; and that should such Authorities prove to be in sympathy with the proposals, the Board of Guardians be also approached, and a conference arranged to discuss the matter.

2. CONTRIBUTION TOWARDS MAINTENANCE OF ILLEGITIMATE OR DESTITUTE INFANTS.—The Local Government Board has written as follows to the Ilford District Council:—

"If the District Council are satisfied that the case is a proper one for assistance, the Board would be prepared to sanction a reasonable contribution by the District Council for this purpose.

"In the Board's view it is important for the health and welfare both of the mother and the child that the child should be kept with the mother if practicable, and the Board would be glad to know whether the child could be kept with the mother at home in this case instead of being placed with a foster-mother, if the Council contributed to its support.

"The Board's general opinion is that where an expectant or nursing mother, or an infant or child under school age, can be provided with the necessary service for the maintenance of her health or the health of the infant by the local authority under the Maternity and Child Welfare Act, 1918, and the local authority are satisfied that the case is a proper one for them to assist, the case should be dealt with by the local authority, and not by the Guardians, and the Board would be prepared to sanction the provision of such assistance by the local authority. Arrangements should be made to prevent overlapping with the Guardians in such cases."

PANEL, DOCTORS' WAR BONUS INCREASED.

In reply to an application made by the British Medical Association to the Insurance Commission in the middle of May, Major Astor, Chairman of the National Health Insurance Joint Committee, has consulted the Treasury and has intimated to the British Medical Association that the Government are prepared to make, for the year 1919, a payment of war bonus to Insurance Practitioners, at a substantially enhanced rate over and above the rate paid for the year 1918.