SHOULD MEDICAL OFFICERS OF HEALTH ENGAGE IN PRIVATE PRACTICE?*

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If it be assumed that the proportion of fatal cases of enteric fever does not exceed one in six, it appears from the reports that in the districts of the Croydon, Kingston, Richmond, and Farnham Sanitary Authorities half the cases are unnotified.

It is plain from the above fact, and also from a careful examination of the reports and statistics for 1892, relating to scarlet fever and diphtheria, that there are probably very great differences in the way in which notification is carried out in various parts of Surrey, and that, speaking generally, it is far better carried out in Dr. Jacob's united districts than in those where the medical officers of health are engaged in private practice. For example, taking the Kingston rural district, which is closely connected with that of Chertsey, it is presumable that the diseases known as diphtheria and membranous croup (prevailing as they did in 1892, in villages and places lying close together, but in areas of different sanitary jurisdiction) were practically of the same character or type. It might be expected that the proportion of cases notified to deaths registered would naturally be about the same, and yet in the one case there were 102 cases to 11+2 deaths (11 diphtheria and two of membranous croup), and in the other 29 cases to 12 deaths. The medical officer of health for the Kingston rural district is a most energetic and zealous official, as his reports abundantly show; and yet I cannot doubt that "general practice" in his case, as in that of almost everyone else similarly situated, constitutes "a difficulty." The Notification Act is evidently not carried out equally in all Dr. Jacob's districts; but, speaking generally, there is a very wide difference between his districts and those in which the medical officers of health are engaged in general practice.

I should mention, also, in this place, another practical difficulty which medical officers of health engaged in general practice have to encounter, especially in wide districts such as that of Hambleton. It arises from the fact that inquiries sometimes have to be made about outbreaks of disease which may be due to milk infection. Such inquiries often necessitate long journeys and the sacrifice of many hours, perhaps the whole of one or more days.

It is, moreover, a very significant fact that, whereas only one of Dr. Jacob's five rural districts remains without a hospital, on the other hand, one only of the six other separate rural districts can be said to be provided. In all these five cases the medical officers of health are in general practice, and the influence which appears to have led to the

establishment of hospitals in the "united" districts, in these "separate" districts seems to have been wanting.

It is my duty to point out these facts, at the same time I should not wish it to be understood that I do not highly appreciate the valuable work which has been done in the past towards the improvement of the public health by gentlemen who are engaged in general medical practice. I know full well the difficulties under which they labour, and in some instances it is undoubtedly immensely to the credit of the medical officers of health of separate districts that so much valuable work has already been achieved.

In reviewing the 112 reports submitted to me, it is well that the reports of Dr. Jacob should be considered apart. Their chief excellence consists in the evidence they give of the great care taken for preventing the spread of infectious diseases, and the accurate account of the proceedings of the authorities in the various stages gradually leading up to the adoption of important sanitary improvements, *e.g.* public drainage systems.

I wish it were my principal duty to dwell upon the good points of some of the other reports for the separate sanitary districts. My chief task, however, is not so much to point out the merits of the reports as to comment on their deficiencies. Taking the reports of the four years, 1889, 1890, 1891, and 1892, I must state that, although there has been progressive improvement, yet the majority must be described as unsatisfactory. In stating definitely what I mean by "unsatisfactory," I would say of nearly all the reports that the account given of the rise and progress of epidemic diseases in the districts is notably defective, and that the account given of the measures taken to prevent spread of those diseases is sometimes wanting altogether. It is true that most of the districts are without hospital accommodation, and it is therefore impossible for the medical officers of health to report that all has been done that might be expected to be done at the present day. Nevertheless, for this very reason the reports should be as circumstantial as possible, so that the people of the districts may learn that diseases are spread in ways that are considered preventible, and so that the local authorities may have increased stimulus for action.

The reports are defective in other respects. It may be taken for certain that where the medical officer of health makes no reference whatever to any of the nuisances injurious to health, large or small, within his district, or of the steps taken for their abatement or removal, in such a district the inhabitants fail to have the chief advantage of such an officer.

In other reports of the same class, conditions which are a constant danger to health are lightly noticed or casually referred to. Thus, for example, one officer who is in extensive general practice reports that the water supply of his district (which

* From Dr. Seaton's Annual Report for 1892 for the County of Surrey.

has an excess of typhoid fever) is "fairly good," although it is partly derived from shallow wells situate near privies and cesspools. "Pig-styes on the whole give very little trouble" is a remark which appears in the same gentleman's report on the sanitary conditions of his large rural district, which (according to independent reports) is greatly in need of regular official inspection. Another officer, in whose district there are a large number of insanitary dwellings of the poorer class, says that he has not been "called upon" to inspect any, but knows "there are a very large number in a very dirty and dilapidated condition." Another officer reports that "a great deal of jerry-building is going on" in his district, and adds, "It is not without interest to note that a plan of drainage of a house has been submitted for the approval of the officer of the sanitary authority (the inspector of nuisances) showing a sense of responsibility to be gaining ground in reference to this matter."

With regard to all these reports, it would seem that the gentlemen making them are not sufficiently imbued with a sense of the important responsibility that devolves upon them, as long as they continue to hold the post of medical officer of health, whatever conditions may attach to that appointment.

CHOLERA PRECAUTIONS AT TYNESIDE. — A numerous meeting of the medical officers of health of Tyneside was held at the office of the Health Department, Town Hall, Newcastle, on September 11th, to consider "the best practicable means of preventing disease through the drinking of Tyne water by the workmen at the different manufactories and works in Newcastle and district." Dr. H. E. Armstrong, medical officer of health, Newcastle, occupied the chair. The following resolutions were unanimously passed:—

- (1) That the owners and managers of manufactories be requested to supply boiled water for the use of their workmen, as the trade supply, unless so treated, is likely to be injurious to health.
- (2) That the owners of shipyards and manufactories be asked to put in a supply of drinking water for their employes, to avoid the danger arising from the use of unfiltered Tyne water now being supplied for trade purposes.
- (3) That the owners and managers of all works be requested, wherever practicable, to cut off the water supplied to the workmen when it is unfiltered Tyne water or derived from any other source than the domestic supply; and, when this cannot be done, that notices be prominently posted near the taps supplying such water, cautioning the workmen not to drink it.
- (4) That all the medical officers of health concerned be asked to advise their respective authorities to carry into effect the foregoing resolutions.

Public Health.

THE present number of PUBLIC HEALTH contains several contributions dealing with the difficult question of the tenure of office and remuneration of medical officers of health who devote their whole time to the discharge of their official duties. The tenure of office of a health officer who conscientiously discharges his duties is not infrequently very uncertain; and the value of his services appears to be appraised at a steadily decreasing money value. The most recent and perhaps the most scandalous instance is that of Chesterfield, the Town Council of which town has recently advertised for a medical officer of health, to devote his whole time to the discharge of his duties, at £200 per annum, an income which is equalled by many skilled artisans and by third-rate city clerks. The contributed articles in the present number contain some important suggestions and recommendations, and it is hoped that others will add their quota to the discussion in the next issue.

ASIATIC CHOLERA has obtained a footing in several towns, but thanks to prompt measures and to the pure water supply now enjoyed by most urban districts, there has been no widespread outbreak. The cases have been mostly in ones and twos; and not the least striking fact of the present experience is the occurrence of cases in London and elsewhere, the Asiatic character of which is vouched for by high authority, but in which no history of infection can be obtained. This circumstance is one of prime importance. Are these cases of true Asiatic cholera or cases of acute diarrhoea of exceptionally rapid fatality, and pathologically distinct from the Asiatic disease? This question evidently involves that of the pathognomonic significance of the presence of the comma bacillus of Koch. Doubtless every effort will be made by the medical department of the Local Government Board to clear up this point.

DR. KLEIN has made most of the bacteriological examinations in suspected cases of cholera. The published views of this distinguished pathologist as to the non-essential relationship between the comma bacillus and cholera are well known. Whether he holds the same views at the present time we know not. It appears, however, very desirable that, if practicable, two bacteriologists should make a pathological examination of specimens sent up to the Local Government Board.

IN a second edition of the Manchester Life Table, Dr. Tatham has now published separately life tables for the old Manchester township and for