WOMAN'S WORK IN PUBLIC HEALTH.*

DISCUSSION OPENED BY
PROFESSOR A. BOSTOCK HILL, M.D., ETC.,
M.O.H., County of Warwick.

PROFESSOR BOSTOCK HILL, opening the discussion on "Woman's Work in Public Health," said that it occurred to him that something might be said on this subject of interest to every type of medical officer of health, particularly as at the present time an immense amount of work was being done in the utilisation of woman's work in the public health service. In considering this the first thing medical officers of health required to understand was the changed conception of public health work due to the advance of knowledge and the light now thrown on many subjects by bacteriology. If, said Dr. Bostock Hill, we take the early Acts of Parliament having to do with public health we should find that the bulk of the work would be that associated with the removal of nuisances. The first Public Health Act was the Nuisances Removal Act. This was the first step towards getting rid of conditions believed to be inimical to health. He said that things had now changed considerably, and that the views of scientists as regards the nature of infection had entirely altered. In old days our conception of outbreaks of disease was very different from what it is at the present time. He (the speaker) could remember the time when if a case of diphtheria occurred little attention was given to anything except the examination of the drains. At the present time a relatively small amount of attention was given to extraneous matters of this kind. Our views on an outbreak of, for instance, diphtheria are entirely different. We do not under-rate the importance of external hygienics, but we no longer believe that diphtheria is produced by bad water, bad drains, bad housing, or bad food. It was now largely believed to be a personal matter, and this knowledge had come to us through the evolution of bacteriology. Such being the case it was reasonable that the views of medical officers of health should alter, and in regard to infection things had altered. It was obvious, he said, owing to recent investigations, that medical officers of health would have to deal with the same condition of affairs in an altered manner. Infection had become a personal

matter, and it was now necessary to deal with the person rather than the surroundings and the houses. It was the inmates of the houses that had to be dealt with rather than the houses. This being so, the chief factor to consider is the woman of the house—the mother if there be one there—and, as we have to deal with women, for public health purposes we must utilise the woman officer. It had been suggested that this would mean ousting another officer, but what was now required was to utilise another kind of officer as the helper of the medical officer of health, for particular kinds of work, and this officer must be a woman. The question then came to the fore, What could woman do in public health work? At present he thought there was not a case of a woman being appointed a medical officer of health, but in these days, said Dr. Bostock Hill, one had to speak with bated breath of what women could do. He thought that most people who had had experience of the various duties falling to the lot of medical officers of health must feel that a woman was hardly the most capable to deal with the work. Women had come very much to the fore in a portion of the work of a medical officer of health—the inspection of school children. Personally, however, he preferred a male assistant, having regard to the various kinds of work an assistant had to do, particularly in relation to travelling. A male assistant was better than a female, but if a female were utilised she should only be put in those places where she could devote herself to girls, and to the inspection of midwives. If this is thought to be a good arrangement, and the woman does nothing else, then, no doubt, the woman is very well, but she should always be auxiliary to the medical officer of health. Dr. Bostock Hill said that health visitors were very useful for special purposes. It might be of interest if he suggested how the utilisation of woman's services might best be brought about. It was nearly 11 years since he had first tried the experiment of a health visitor in a county, but even at that time Birmingham had a small staff of women, as well as some of the metropolitan boroughs; they were then generally called female sanitary inspectors. In towns it was obvious that women could very easily find valuable work to do, but things were different in the county, and, when the conditions operating 11 years ago were considered, it will readily be seen that the establishment of such a service was uphill work. It occurred to him

* Read before the Midland Branch of the Society of Medical Officers of Health, February 5th, 1914.

that, if the results were as good as was said in the large cities and towns, that it ought to be equally good in the remote villages, and that the same means should be adopted. He said that while towns had the power to make these appointments, owing to the large amount of money available from the rates, rural districts could not afford to do it. If the smaller districts were to have this advantage it would have to be done by an authority which could find the means. The county council should undertake the work, but they were apt to be looked upon by district councils as usurpers of their duties; there was much resentment shown in those days. He knew that there would be great opposition to any suggestion of a staff doing health work being associated with the local executive, but not responsible to them and appointed by a body that was only supervisory. Dr. Bostock Hill said that the county council had a letter from the Local Government Board saying that, although they had no statutory right to make such an arrangement, it met with the approval of the Board, and their auditors would not surcharge the account. At that time county councils had very little executive power. The first thing giving full power was the Midwives Act, and officers to inspect had to be appointed. This meant an enlargement of the health-visiting staff, in that midwives had to be visited, in addition to dealing with school children and circulating health knowledge among the householders. He said that he suggested to the county council that for this purpose they should increase the staff, and they started with a number of health visitors, who were qualified midwives, to undertake the work. He persuaded the county council to pay for the training in midwifery of the older health visitors, so that their services could also be utilised. Soon after that had become established there came the medical inspection of school children, and, again, instead of having school nurses to aid at the inspections and to do the "following up," it was decided to utilise existing officers. He had been very careful to see that the health visitors appointed were not only midwives, but also had certificates from the Royal Sanitary Institute and had had nursing experience. The staff again increased, but the duties now of inspection work, midwives' work, and school work were all done by a health visitor appointed for a particular district. Tuberculosis, said Dr. Bostock Hill, next came along; but before notification

became compulsory he had a knowledge, through the health visitors, of most of the cases. The speaker here passed round some charts illustrative of his method of apportioning the work of his health visitors, and, continuing, said that he might be asked, What was the good of that system? Why not have tuberculosis nurses, school nurses, and health visitors? Most of the large towns have this latter system; but he had made inquiries and instanced a case where four women visited the same house on the same day, and, although this might make little difference in towns, it was not so in rural districts, where the greatest difficulty was a geographical one, for over large areas more time was wasted in getting about than in dealing with the cases. It was, he said, absolutely essential that the work should be so arranged that travelling should interfere with it as little as possible. He was very pleased to see one or two of the district medical officers of the county at the meeting, and he would be pleased to hear their views on the Warwickshire system. It was not ideal, said Dr. Bostock Hill. An enormous amount of good was being done if it were only in bringing the midwives up to a higher standard; they were being educated. An antenatal effect, he said, was being got by health visitors getting into touch with the women before they became mothers. The Board of Education had spoken very highly of the system adopted in Warwickshire, and they had received the largest possible grant for following up, etc. He knew that the Central Midwives Board held a high opinion of the work that was done with the midwives, and he also knew that whatever had been done was due to the tact of his officers—the assistant medical officers and the health visitors. No friction had been caused locally either with the other officials or the medical men, and that was a record with which, he thought, he might be fully satisfied, as the work was a pioneer attempt. He said that similar schemes to that of Warwickshire had been started in several other counties in England. He thought that he could say that there was scope in public health work for women. There was another point, too, he would like to mention. He thought that very few medical officers of health were satisfied with all the work that was being done in the way of hospital isolation. He agreed fully with the necessity of having an infectious disease hospital for its proper work; but, like many others here and in America, he had

been struck by the large sums of money entailed and the relative small results obtained. He (the speaker) had reduced hospital isolation as much as possible. Isolation, especially in scarlet fever and diphtheria, while essential in certain instances, was quite a useless procedure in a great many cases. He was quite convinced that an equal amount of good, particularly in rural districts, might be done by treating the patients at home, supposing that a capable nurse were obtained for looking after the condition of the patients. There was, he said, no more risk of the spread of disease. An epidemic could be dealt with just as efficiently, and there would be a larger sum of money available for work more urgently needed. He had seen bills for £600 and £700 for isolation in small towns, and he was certain the money could be better spent than in isolating indiscriminately. He was quite sure that much good could be done by the greater utilisation of women as nurses of infectious cases, particularly in the rural districts, and he said there was a great future for this. Medical officers of health must not imagine because they had been in the habit of advising a certain course of procedure that this was of necessity the best; they must not shut their eyes to the advancement of science. There could be no doubt that there was a great future in the public health service for women, if worked on right lines.

DR. SNELL said he wished to refer to a matter mentioned by Dr. Bostock Hill—the matter of the isolation of diphtheria. This was a question into which he had been going very thoroughly recently. He had got out certain figures, which gave unexpected results, results which would be severely criticised. It had often been said that it was not possible to compare the results of different towns, but, personally, he did not see any difference in diphtheria, whether it occurred in the North, South, East or West, although, doubtless, outbreaks did vary in virulence. He had grouped the towns together in the following manner: those that isolated not at all—and he thought there were about eight or ten of these—those that isolated up to 40 per cent.; from 40 to 60 per cent.; from 60 to 70 per cent.; from 70 to 80 per cent., and over 80 per cent. And the remarkable thing about the results obtained was that the incidence of diphtheria was highest in those towns that isolated the most—in fact, there was a gradually increasing incidence from no isolation upwards. The

towns that isolated over 80 per cent. had double the incidence of those that isolated not at all. His first group was, he said, over a period of four years; his second group being over a period of the previous five years. In each case the same remarkable results were obtained. It was Dr. Snell's opinion that the explanation was in the "carrier." The only isolation usually provided was for the least dangerous—the patient—who was, or ought to be, in bed. A lot of the money spent on the isolation of scarlet fever was, he thought, wasted. In regard to Dr. Bostock Hill's general observations Dr. Snell was quite in accord. His (the speaker's) first health visitor was a temporary one appointed in 1901. He thought there was very much to be said in regard to dividing up the work of health visitors in counties, but in towns the advantage was not quite so obvious, as it might lead to friction between the committees. As to whether the assistant school medical officer should be a male or female, he had had one female assistant and the results were entirely satisfactory.

DR. TANGYE said that originally the appointment of health visitors caused a lot of jealousy with the local sanitary inspectors. In fact, in some towns they still had pitched battles. The work health visitors were doing in some towns was really excellent, and he instanced the carrying out of the provisions of the Midwives Act. During the four years he had been in the county there had been great improvement in the midwives, the old gamp had given way to a more modern person. Dr. Tangye said that the work of the health visitors under the Notification of Births Act was gradually reducing the infant mortality of the county. He said that in regard to cases of phthisis the health visitor was useful in that she could when visiting the houses secure information which could be followed up. Dr. Tangye mentioned the friction that occurred between the county councils and the rural district councils, and said that the fact of these officers being handed over to the county councils tended to put the district councils in the background. There was an increasing demand for women's work in the public health service. One other branch of work in which he had found nurses useful was in outbreaks of diphtheria in various villages; he had obtained the services of a nurse in looking after the contacts. He believed in the treatment of contacts with antiseptics, and this work had been carried out successfully by a nurse. The overlapping caused by several

officials visiting at the same house on the same day was criticised by Dr. Tangye.

DR. MABYN READ said that no one who had anything to do with public health work could deny the great help given by the women; they could get at the family in a way that men could not—by making friends in the home; and it was his opinion that they did a very great educational work throughout the community. Not only could that be done by official women, but by voluntary workers, although there was a difficulty in the latter case in the way of training and experience. Girls, he said, were now much better taught in the schools than boys, and they gained a lot of useful knowledge if they would only use it, and they would be extremely useful. In regard to the cost of isolation, he would like to know whether Dr. Bostock Hill took into consideration the loss of the education grant. He would be inclined to think that the non-isolation of infectious cases would lead to a great loss in this respect, as it was impossible in small houses to isolate a child, and let the others attend school. He said that not only would there be a loss in the education grant, but, what was more important still, a loss of education to the child. Dr. Snell, he said, had given some extraordinary statistics, but it must be borne in mind that many factors enter into all these matters, and the factor that struck him as being the strongest was the personal element. It may be that the population of a town was particularly prone to the infection of diphtheria, from climatic or other conditions, or you may have such conditions that infection is readily given, and so a large amount of diphtheria occur. Up to 1896 in his district they had practically no diphtheria, but in that year they had a very big outbreak running up to 400 cases in a population of 40,000. There were no conditions at that time to account for such a tremendous outbreak, and the conditions had not altered since, but yet the amount of diphtheria had increased since that time. Unless the persons Dr. Snell had to deal with were much more amenable than those with whom he (the speaker) had to deal, it was the opinion of Dr. Read that by non-isolation there would be a great loss of life. He was bound to say that where he had made special investigations (at houses where they had scarlet fever or diphtheria) into the drains, he had got very little results. Nothing was known of the diphtheria germ outside the body. It was still necessary to spend money in removing from the homes those suffering from the disease,

and, he said, these were the people who found the money.

DR. DAVISON said that he had had many opportunities of seeing the system as outlined in the chart. There were points which seemed to him important in deciding that the health visitor should deal with the school children. In county districts, he said, a stranger was not generally looked upon kindly, and a health visitor having a smaller district would have a better opportunity of getting to know the homes, and her advice would then be more appreciated. Another point was that an arrangement of this sort would lessen travelling expenses considerably. He did not know that much money would be saved, but more visitors could be obtained with the money if that were so and, therefore, more good work done.

DR. DALE said that in regard to isolation of scarlet fever and diphtheria he was interested to hear the remarks of Dr. Snell, but he wondered whether the towns referred to were, generally speaking, the larger towns; it seemed to him that they were. Isolation, he thought, in country districts was likely to succeed, whereas in large towns it probably would not. In the case of diphtheria in Birmingham a large percentage of children were "carriers," and it was difficult to know what to do with them. It was a fact, he said, in the country that where there was no diphtheria there were no "carriers," and if it were possible to remove the "carriers" there would be a chance of checking the outbreaks. In a city like Birmingham the death-rate would be higher owing to the large number of children. Dr. Dale contended that in country districts there was less poverty.

DR. ASHKENNY said he had had a little experience, and thought that one nurse for each district was better for the medical officer of health. It was inadvisable for the work to be allowed to overlap.

DR. MALET thought, as regards the work of women, that many medical officers of health felt that a considerable time ago the limit had been reached in sanitary work. The death-rate had been considerably reduced, but there was still an enormous amount of preventive work to be done. Without relaxing efforts, medical officers of health would have now to go in a new direction—that of personal preventive work. Such work lay mainly in the education of the mothers, and such education must come through women. Only the right sort of women must, however, be employed in this educational work. Wise and sympathetic women would be of great value, but there was another sort

of woman very much to the fore just now, and she would do more harm than good. Many years ago the repetition of visits was the cause of his town being cut up into small districts. He was quite sure that it was the wisest and best plan for one officer to do all the work of one particular district.

DR. PETGRAVE JOHNSON said that he had had reason to consider this question very carefully—of how far women were to be utilised in the public health service. He had had the chance of looking round and finding out how far it had answered in other towns. He thought that, in regard to Dr. Bostock Hill's remarks in regard to the isolation of diphtheria, Dr. Bostock Hill did not condemn hospital isolation entirely. He thought a great deal might be done by using nurses in the homes. At Stoke-on-Trent they used nurses in cases of ophthalmia, but he found they also needed an isolation hospital for really effective nursing and treatment. Dr. Snell, he said, referred to the fact that he had been going into certain figures which proved that hospital isolation was harmful, and he asked Dr. Snell if he had had in Coventry an outbreak of diphtheria (the answer was in the affirmative). Dr. Johnson proceeded to speak of his experience of an outbreak of diphtheria at Stoke-on-Trent, and strongly supported the practice of isolation, remarking, however, that the question was a very big one. He had found women school medical officers very useful for purposes such as the supervision of midwives and the Notification of Births Act, and their work in these directions was extremely valuable. One great difficulty was that of getting suitable women. It was, he said, extremely difficult to deal with unsuitable women. Dr. Bostock Hill had drawn attention to the necessity of combining many duties under the one officer; he (the speaker) was at present exercised with this difficulty. In his opinion it was possible to combine too many duties. It depended largely on the size of the staff of the medical officer of health. It seemed to him obviously necessary to have separate nurses in connection with phthisis. Speaking with regard to the qualifications of health visitors, Dr. Johnson said it was largely a matter of what the authorities paid; he, personally, had trained nurses, but there was a difficulty in getting them with all the other qualifications mentioned by Dr. Bostock Hill. He also said that at Stoke-on-Trent they had voluntary workers who did very valuable work.

At the conclusion of the discussion, DR. BOSTOCK HILL briefly replied.

NOTES ON AN OUTBREAK OF ENTERIC FEVER IN NEWCASTLE-UPON-TYNE, AUGUST-OCTOBER, 1913.*

By S. J. CLEGG, M.B., D.P.H.,

Assistant Medical Officer of Health, Newcastle-upon-Tyne.

THE outbreak about to be described, although of comparatively small dimensions, presents a few points which may be of interest and which, it is hoped, will lead to useful discussion.

Up to date there have been 31 cases, with no deaths, the type of disease having been mild on the whole. Thirteen households have been affected, with a varying incidence of 1 to 7 cases per household, in one instance the whole of one family, seven in number, being removed to hospital.

Date of Cases.—The accompanying diagram shows the distribution of the cases. The houses are of the flat type, of two stories, with two rooms and scullery downstairs, and three rooms and scullery upstairs, having a common yard and water-closet or privy, but separate water supply. They were found to be fairly clean, though some left much to be desired in that respect, and the number of cases per household bore a distinct inverse ratio to their cleanliness, the dirtier houses suffering more severely.

Water.—Each household has its own supply from the town water, direct from the mains.

Sanitary Conveniences.—Of the 13 households, 6 were on the privy and 7 on the water-closet system—22 cases occurring in the former and 9 in the latter, an average of 3·7 and 1·2 cases per household respectively. It is seen, therefore, that the cases were almost exactly three times more numerous in the privy households than in those on the water-closet system. The privies examined were very foul, in some cases being in such a condition as to render their use almost impossible, and were a source of much complaint, the inhabitants frequently making use of adjacent water-closets in preference. The water-closets are of the short hopper type, and were also found to be on the whole in an unsatisfactory state.

Flies.—Flies were very numerous in all the houses, and particularly in those having privies.

Coincident Diarrhoea.—The inspection revealed many cases of simple diarrhoea, which in some cases had preceded an attack of enteric fever.

Food and Milk.—There was no evidence that

*Read before a meeting of the Northern Branch of the Society of Medical Officers of Health, 24th October, 1913.