THE APPOINTMENT OF MINISTERS OF HEALTH.

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AUTHORITATIVE VIEWS ON THE APPOINTMENT.

A PRELIMINARY study of the subject has been made by myself and Miss C. Cochrane, M.San.Ins., by letters to various associations and bodies, and the British ambassadors and representatives and individuals abroad or in the colonies. My indebtedness is expressed to Sir John Simon's Work on English Sanitary Institutions (1877), and Dr. (afterwards Sir B. W.) Richardson's address to this Institute many years ago.

Among those who favour the appointment of a Minister of Public Health are the British, Canadian, and American Medical Associations, the Imperial Vaccination League, the Royal Institute of Public Health, the County Council of the West Riding of Yorkshire, the Manchester and Salford Sanitary Association, the Institute of Sanitary Engineers, the Workmen's National Housing Association, the Childhood Society, many eminent Medical Men of the various Countries, Members of Parliament, Medical Officers of Health, and Medical Societies.

This paper is not intended to deprecate any State Department, but is written with the desire to add to the powers and scope of those that exist, and to bring forcibly to your minds the need for national safeguards based on scientific preventive medicine proportionate to the growing needs of our densely populated lands. It is hoped to clearly demonstrate what to my mind is the primary measure best calculated to prevent disease with a consequent increase of the health, happiness, and wealth, of our fellow creatures.

THE VALUE OF A LEADER.

The first query that comes to the lips is "Are there reasons for supposing that a Minister at the head of an independent Health Department would lead to an increase of the powers for preserving, and to an improvement in the health of the community?"

One may reply by reasoning from analogy. If one turns to the past annals of science and medicine statecraft, religion and commerce, and indeed any department of human activity, we have brought before us irresistibly the power of the *individual*. He leads the way; others follow in his footsteps.

To-day Lord Lister, Monsieur Pasteur, Kaiser Wilhelm, Mr. Joseph Chamberlain, Scientists, Emperor, and Statesman, possess the "divine right" of leadership. And so it has been since the days of the Messiah and Mahomet. One man can achieve in a year what takes most of us a lifetime.

THE ABOLITION OF DISEASE.

To illustrate the enormous value of widespread and organised measures, you have only to be reminded:—

That the Ministry of Public Health in Germany has practically abolished small-pox in that country;

That the Local Government Board has practically abolished rabies in England;

That Lord Lister has saved untold numbers of human lives by the practical application of bacteriological knowledge to surgical procedure;

And of the great reduction in the prevalence of plague, leprosy, and tuberculosis that has resulted from our national efforts in sanitation.

Such reminiscences indicate the possibilities of scientific sanitary measures. Past experience tends to show that the medical knowledge possessed by a Minister of Public Health, having proper status and exercising organising capabilities, would result in a steady diminution of the wastage of human life, largely by educating and guiding the public mind quietly and consistently in favour of health.

If these powers for good are once realised by nations, I am convinced that it is only the weightiest arguments (which to me appear to be absent) that could withstand the steady pressure of public opinion in favour of this appointment.

THE MINISTER AND THE HOSTILE FORCES OF DISEASE.

An enumeration of the hostile forces that would be arrayed against such a Minister is appalling; they exact such a toll as human foes, however relentless, would never impose.

A glance at the orderly array of "casualties," to use a simile, in the sixty-second report of the Registrar-General of the United Kingdom, for 1899, will satisfy anyone that this is true. Alcoholism caused the deaths of 2,871; cancer, or malignant disease, 26,325; tuberculous diseases, including phthisis, destroyed 60,659 lives; and the infant mortality was 163 per 1,000 under one year of age. 82,103 deaths occurred in lunatic and idiot asylums.

These are some of the diseases which undermine the constitution of the body corporate, and in the outskirts of the Empire malaria, cholera, and plague, must be added to the list. It is hoped that these figures will set men thinking, not of immediate relief or prevention, but of the unceasing and organised efforts which should be applied against disease from all points, if the art of citizen making is to be raised to its highest level. Fitness in brain, in health, in morals, in intelligence, in sound health, and will-power, can only thus be obtained.

FICTITIOUS ARGUMENTS AGAINST THE APPOINTMENT OF A MINISTER.

There are objections that arise in conservative minds to any alteration in the existing state of affairs. It is said that the appointment of another Minister would lessen the individual weight of those that exist. It is difficult to see how the removal of such specialised duties as the care of the public health from the already over-worked Head of a department would minimise the efficiency of other Ministers. Is it possible for one man, however brilliantly endowed, to have strength or time for the performance of such exhaustive duties as the superintendence and administration and promotion of agriculture, local government or what not, and in addition undertake the superintendence and charge of the health of millions? I think the answer is "No."

Again, it is said that the effective discharge of public health regulations must eventually devolve on local authorities. The truth of this I allow at once, but it does not weaken the plea for a Minister! In the future, local government will grow, in sanitary and other matters, it is sincerely hoped.

Over-centralisation is justly to be condemned, and the central authority that would attempt to *enforce unduly* even the wisest of rules on a community would not be tolerated.

But no greater spur to the proper sanitary progress of local authorities could be devised, nothing could be better calculated to promote the best interest of all departments than a trained chief with adequate powers. It is true that the fulfilment of our expectations would depend partly on the personality of the Minister, but in the long run our hopes would certainly be realised.

It was recently brought forward in the House of Commons, as an opposing argument to the appointment of a Minister, that we have more paid Ministers and a larger Cabinet than other countries, and I cannot criticise the accuracy of the statements.

At the same time, I cannot accept them as generally proving the inadvisability of further appointments. Indeed, our experience of the value of good government has created the posts referred to, and appears to me to favour the appointment I advocate.

The United States, Canada, and this country, as I have said, are moving in the direction of such a Minister, or such an Office as a Health Department, and I append such information as I have collected from British representatives as to sanitary administration in other countries. It is difficult to judge from the somewhat meagre sources at my disposal of the condition of these administrations, but they appear to resemble our own in their powers and resources.

Again, I am asked if existing arrangements are really insufficient in England. As I have said, I do not wish in any way to deprecate the efforts made with our existing powers, but I would reply with another question, the answer to which, I believe, states the case as it stands.

“Are the infectious, the preventable, the filth, and the industrial diseases or the infant mortality diminishing universally and in proportion to our knowledge of the potentiality for decrease?”

“Are investigations as to the causes and prevention of lunacy or cancer being duly promoted by state means?”

“Do the annual reports clearly set forth to the country the need for further measures of personal enquiry and direct medical supervision?”

“In fact, are State arrangements commensurate with the proper share of the efforts which should be made to prevent ‘wastage’ of life?”

Then the question of the increased taxation entailed by such an official and staff arises, and is apparently of great antagonistic weight. The

expenditure on our public departments is large indeed, but one cannot help being impressed with the fact that a country that can afford a grant of £15,300 to its Meteorological Office yearly, can afford to pay some thousands more for an improved public health service.

The Imperial Vaccination League recently made the remarkable statement that in London the recent epidemic of small-pox cost £500,000 in attempting to isolate sufferers. We may legitimately claim that this half-million of money might never have been expended with a Minister at the head of affairs with proper powers, and in any case it would have been better utilised in the support of an enlarged department of Preventive Medicine.

Dr. Farr calculated that the average value of a life for all ages was £150. This sum of £150 is too low an estimate of the value of each person restored to working capacity from disablement and death from phthisis.

In England deaths from phthisis amount to 60,000 per annum. Lower this mortality by 1 per cent. per annum only, as a minimum result of increased efficiency, and £90,000, or the cost of your department, is paid for by one small economic gain from the diminution of a single disease.

Further, pounds, shillings, and pence, are after all a fictitious estimate of an improved national or even individual standard of health. Lastly it has been said that nothing has been brought forward to prove that it is desirable to detach sanitary administration from other departments of Local Government. It must not be concluded that because a separate central office of health is established that local sanitary administration would therefore be disconnected from other local work. It is to be remarked, nevertheless, that a Local Sanitary Authority has a complete title or existence, such as are not to be found in the Central Sanitary Authority of the Empire, that speaking in a relative sense, Urban and Rural Sanitary Authorities possess more marked identity than the State Medical Department.

The appointment of a British Minister of Education has been coincident with the handing over of local administration of education to the local governing bodies, at a time therefore when correlation was taking the place of previous separation. No jot of evidence can be brought forward from this undoubted advance in education to prove that there should not be such a Minister!

I will not dwell upon the *modus operandi* of the proposed Minister, or suggest his attitude to local authorities; neither would I decry the value of voluntary effort.

I place before you briefly the existing basis in England on which a Ministry of Health would be properly laid, and an outline of its functions. The history of the Local Government Board should be studied in this respect, and is of great interest. It, and the intentions of the Sanitary Commission (1869—1871), throw a light upon the present arrangements which explains much that would be otherwise inexplicable. The powers and duties of the Board, too, are worthy of your attention, and the labours of its medical staff are beyond praise. Undoubtedly, the medical department of the Board and the General Register Office would form a basis for a Ministry of Health, but on these points I would ask for *free and full discussion and suggestion*.

I would also ask you to suggest the outlines of the duties of the Ministry, and its relations to the Home Office and Privy Council. I think it will be allowed that the Minister should hold a peculiar position of isolation from party and possibly of security of tenure of office.

Such suggestions as I have made are pieced together with a due sense of limitations and imperfections, and with every hope that the Congress' opinions will be fully expressed. If I can arrest the attention of this meeting on the central idea of the necessity for a Minister of Public Health presiding over a national sanitary organisation, I am well content. I leave the discussion of its practical and necessary details for the meeting, and for evolution in the future. The Director General of Public Health in Canada (at present an officer in the Department of *Agriculture*) has forwarded to me the following resolution passed by the Canadian Medical Association.

“Whereas, public health, with all that is comprised within the term sanitary science, has acquired great prominence in all civilised countries, and

“Whereas, enormously practical results have been secured to the community at large by the creation of health departments under governmental supervision and control, and

“Whereas, greater authority and usefulness are given to health regulation suggestions when they emanate from an acknowledged Government Department;

“Therefore, be it resolved that in the opinion of the Canadian Medical Association, now in session, the time is opportune for the Dominion Government to earnestly consider the expediency of creating a separate department of public health, under one of the existing ministers, so that regulations, suggestions, and

correspondence on such health matters as fall within the jurisdiction of the Federal Government may be issued with the authority of a Department of Public Health."

In reference to the efforts that are being made by the American Medical Association to obtain a Secretary of State for Public Health, the words of Professor William H. Welch, of John Hopkins University, are worthy of your attention: "I am in thorough sympathy with the movement to secure Ministers of Public Health."

In conclusion, I quote the words of one whom I venture to call the "Father" of English sanitary institutions, Sir John Simon, now in his 87th year:—

"One word I am tempted to add to emphasize what I hope is intimated in the volume (viz., 'English Sanitary Institutions,' chap. XV.) as to my very strong feeling on what should be the constitution of the central medical department. It is in my opinion quite essential that such a department should not be subordinate to any general secretariat, and that its report should be *direct* to the Minister, and should (when so intended by him) be laid as his reports before Parliament."

DR. HERBERT JONES (Hereford) said that when they began to discuss the question of the appointment of a Minister of Public Health it might be said at the outset that there was already such a minister in the President of the Local Government Board, and they should ask themselves how much better off they would be if they had the same minister under another name. It seemed to him that in all probability they would be no better off. He could not help thinking that with very little difficulty they could achieve one important reform which would go a long way towards remedying the disadvantages which now existed in the administration of the Public Health Acts, and that was for all public health officers to have fixity of tenure of their offices. It seemed to those of them who had not got that fixity of tenure that this insecurity lay at the root of nearly all their difficulties. It might not be so in large towns and in communities where a great deal of publicity was given to the doings of the sanitary authorities, but he could assure them that in rural districts and in the smaller towns it was the bane of all public health work. He knew of instances where a Medical Officer of Health had been re-elected year after year, and had settled down

to a feeling of certainty as to his re-election, but, on taking up his newspaper one morning, found to his amazement that the question of his re-election had been discussed at a recent meeting of his council, and that some other medical man had been elected. He had had no intimation that he was not likely to be re-elected, and simply found himself shelved in that way. If any public officer should be absolutely fixed in his office that surely was the public health officer, either the sanitary inspector or the medical officer. But he did not feel at all certain that they would be any better off with a Minister of Public Health.

BAILIE W. F. ANDERSON (Glasgow) said he agreed with a great deal that was in Dr. Bushnell's paper, but from it he would argue to a very opposite conclusion from that of Dr. Bushnell. He thought that it would be the greatest misfortune that they could endure if they had a Minister of Public Health. The question had been raised in Scotland, and on the occasion of the discussion they could not get a representative medical officer of health from any part of Scotland to move a resolution in favour of such a minister. What was a minister? If sanitary officers and medical officers had the opportunity of electing a minister to preside over a Board of Health he would not feel any objection at all, but to say that the health administration of this country was to be nominally or actually controlled by a gentleman dignified by the title of Minister of Health chosen as Cabinet Ministers were was to inflict the greatest misfortune which could be inflicted on sanitation. The first thing they wanted as local authorities was to be let alone. They had had only too much proof of unnecessary interference by the Local Government Board even in Glasgow. The Minister of Health would not be a people's minister, but one of His Majesty's ministers, appointed by the Prime Minister, and not in the least degree selected because of his peculiar fitness for the office, and he was convinced that if they had a Minister of Public Health in addition to the Local Government Board, sanitation would not have made the tremendous and gigantic strides which it had made during the last twenty years. What they wanted as sanitarians was not more ministers to put a check upon them, but greater facilities to carry into practice the things upon which they had set their hearts according to their knowledge of the local circumstances.

DR. FREMANTLE (Hertfordshire) said he could not help thinking that someone ought to rise to take the opposite line to that which the last speaker had taken, which was a line opposed to the whole trend of modern thought in the sanitary profession, in which there was an almost unanimous opinion of the need of such representation as had been suggested in the excellent paper of Dr. Bushnell. Mr. Anderson's argument appeared to be that the whole question of government was one of party politics as opposed to the real value of the measures which were being considered; and it seemed to him that that was

an absolutely mistaken idea of party politics. In this respect, too, he took a different line to Dr. Bushnell, for he did not think that that gentleman was quite correct in saying that a Minister of Health must be a non-party man and independent of party. He agreed with the words spoken by Mr. Wyndham, who in a recent speech admitted that there were certain difficulties about party government, and he would like to see a really efficient business government in every department; but, looking at the other governments in the world, he saw that the only alternative to party politics was group politics. Mr. Wyndham was surely correct in saying that if they were not governed by parties they were going to be governed by groups, and if they were governed by groups they would be dependent upon the amount of influence which a particular group in Parliament—say, for instance, a medical group or a sanitary group—could gain over other people who were quite uninterested in sanitation; he thought that would put them in an infinitely worse position than they were in at present. So long as they had the present system of party politics they must stick to it and use it for what it was worth. There was no more reason—and no less—why they should have an independent Minister of Health than there was for having an independent Minister at the Board of Trade or at the Home Office, or the Board of Agriculture, or the Local Government Board. It appeared to him that Mr. Anderson's observations as to the manner of appointment of a minister constituted a libel upon the whole system of British Government. Of course, one of the chief things which a Prime Minister must do in choosing his colleagues was to choose men who would be faithful and loyal to the party; so long as they were governed by party politics that must be so. But if a Minister of Public Health was to be appointed the Prime Minister would certainly, with this proviso, prefer someone who had had experience in sanitation of one kind or another. He hoped that there would be other speakers who would endorse his opinion that Bailie Anderson's speech was against the whole trend of modern opinion amongst those who were working in sanitation.

MR. WILLIAM WHITAKER (Chairman of the Council, Sanitary Institute) said they had had quoted by Bailie Anderson that very extraordinary paragraph in the papers which stated that the War Office and other officials were paid at a higher rate than the Local Government Board Officials because greater intellectual capacity was needed. Well, he did not know whether it was needed or not, but certainly they had not got it. He had been acquainted with many Local Government Board officials, and they had very distinct intellectual capacity and made very good use of it. They were subordinates, of course, and the Board was responsible for the ultimate action taken upon their reports, but they did a lot of excellent work. He thought all who had had to do with Local Government Board officials would say that they were a very able body. A good many of them were recruited from the public health officials of the country. If the Local Govern-

ment Board wanted a medical inspector they generally selected a public health officer, and they got very good men indeed. He had been somewhat staggered by Bailie Anderson's extreme views. Bailie Anderson said the great thing they wanted was non-interference and to be left alone. Surely he knew that the hardest task that they could impose upon any human being was to get him or her to leave things alone. Departments were very much the same as individuals, the collective human being liked to interfere just as the individual did. This had been a very academic discussion on the question of the appointment of a Minister of Public Health, and whether or not the right men were taken to be the heads of great offices. As a matter of fact it did not matter whether they took the best fitted man for the Ministry of Public Health so long as they took a man who was a decent man and knew how to behave himself. It was the permanent officials who did the work, and told the Cabinet Ministers what they had to do. In nearly every department it rested with the permanent officials, unless, sometimes, there was a strong man at the head, who went a little beyond the permanent officials, and then no doubt he led them a pleasant life; but in English Government the Cabinet was a passing quantity, whilst the permanent official lasted for ever. When one official went another came with a long tenure of office; and that certainly suggested the point which was very important that until the sanitary officers of the country had a more permanent appointment they were very often not able to do what they ought to do. But he thought they must know that there had been cases where public health officers had done their duty in despite of what might happen. All honour to those brave men who had thus used their official position to do what they thought was right, though not for their own advantage.

DR. J. F. J. SYKES (St. Pancras) said it seemed to him that the meeting was thinking of two questions which practically met at one point. The resolution raised the question of the appointment of a Minister of Public Health. Bailie Anderson on the other hand observed that a place like Glasgow wanted to be independent of a Minister of Public Health. Dr. Herbert Jones said that a place like Little Puddlecombe would very much like to be dependent upon a Minister of Public Health. So it was a question of a fight between the big city and a little village, and where the trouble came in was that they were trying, as usual, to treat different diseases with the same remedy. In the one case they wanted to be let alone because there was a capable local authority dealing with matters; in the other case interference was wanted because there was not a capable local authority. The matter of whether or not there should be a Minister of Public Health was really a matter of general policy; but the question of the control of the Minister of Health through his department over the small rural authorities was quite another matter; and minister or no minister there must be that control.

By 54 votes to 24 the meeting passed the first of the resolutions embodied in Dr. Bushnell's paper as follows:—"The members of this Congress are of the firm opinion that the national health would gain by the appointment of a Minister of Public Health and the separation and enlargement of the Medical Department of the Local Government Board into a Health Ministry.

The second resolution in the paper was not put.

NOTE.—Resolutions passed at meetings of the Institute can only be in the form of recommendations to the Council, to whom they must be submitted for consideration and approved before they can be considered as the official opinion of the Institute.

Notes of the decisions of the Council upon any resolution are published in the page preceding the Law Reports.