We have no reason to doubt that the position in which Sir George Newman has been placed will enable him to grapple successfully with the incubus and to throttle it. No man, however brilliant, is likely to do effective work as Principal Medical Officer of the Board unless he keeps in touch with the leading authorities and takes adequate steps to secure that he is informed at first hand by those concerned in practical administration. In the past the Board, so far as the organisation of effective preventive medicine is concerned, has been a water-tight compartment with the door shut against the opinions of Medical Officers of Health. With Dr. Addison as Minister, and Sir George Newman as Principal Medical Officer, we believe that the old futile and reactionary policy will be swept away, and that the practical administrators in Public Health will in future be consulted previous to the issue of all circulars or schemes. The more frequently and regularly that such consultations take place, the more successful will become the Public Health administration of the country, both central and local.

NOTIFICATION OF BIRTHS.

In a letter addressed to the Worthing Town Council, the Local Government Board states:—

"With regard to the *incomplete notification of births* in the Borough, I am to point out that the duty of notifying a birth devolves in the first place on the father of the child if he is actually residing in the house where the birth takes place at the time of its occurrence. The Town Council should take steps to draw the attention of the public to this fact.

If, after such measures have been taken, there is no considerable improvement in the proportion of births notified, it is the Board's opinion that legal proceedings should be taken in the first instance against the father.

If the desired general result is not secured by this means, proceedings should then be taken against all persons liable under Section 1 of the Notification of Births Act, 1907, *i.e.*, father, doctor, and midwife. All cases of prosecution should be chosen carefully in both classes."

PLYMOUTH M.O.H.—The salary of Dr. Hall has been increased by £100 per annum, and an allowance of £138 per annum towards the upkeep of a motor-car has been granted him.

ST. HELEN'S M.O.H.—The salary of Dr. Joseph Cates has been increased by £100 per annum.

RANDOM REFLECTIONS ON FUTURE PUBLIC HEALTH WORK.

BY

WILLIAM J. HOWARTH, M.D.,
Medical Officer of Health, City of London

Presidential Address delivered to the Metropolitan Branch on October 25th, 1918.

AMONG the various measures which have been suggested as being desirable to help future sanitary progress, the establishment of a Ministry of Health has assumed the chief position in all controversy. In this connection I have been struck by two main facts, first, by the existence of the idea that progress in public health work is a matter of recent development; so much is this the case that results already attained are not appreciated by the lay mind to the extent that one would have expected, and in not unimportant instances advocacy of the new policy is founded on this misconception; and, secondly, by the enormous number of persons who are interested in only one aspect of public health work, and who see in the now fashionable proposal nothing more than a means for promoting their own particular ideal. Such advocates apparently are unable to appreciate the broader conceptions of public health; their outlook is dimmed by the glamour of the single subject.

In the evolution of this new Ministry, of which so much is expected, the Local Government Board has not been secure from criticism, but reiteration of the fact that in no country in the world has a public body done so much to ameliorate the conditions of the masses as the English Local Government Board, has resulted in the objections against the Board being whittled down to the suggestion that Poor Law must be divorced from public health work, otherwise the new Ministry will fail in its object. Even this objection has been reduced in importance, and the process of reduction would be more complete if this Society educated the public in the knowledge that public health progress would present infinitely less difficult problems if the poor did not exist, and that the two problems are so intimately associated that no permanent public health reform will prove satisfactory which does not take cognisance of certain important circumstances which affect the poor. The objection should be to the details

of poor-law administration and not to the association of, say, the medical part of Poor-law administration with public health reform.

Even the Prime Minister himself would appear to be lacking in appreciation of past work if one may judge by his public utterances, for we find him stating at Manchester, on September 12th, in referring to the measures which should be taken to promote the health of the public, "the next is that there ought to be a more intelligent organization of the forces which have special charge of the health of the nation—national, municipal, and medical. In this respect I doubt if there is a first-class country in the world where less has been done." A statement such as that is distinctly depressing to those who know what has been done, and who know how highly the standard of sanitation in this country is appreciated in every other country in the world. Great Britain initiated those movements which have resulted in the present improved conditions of life in most civilized communities, and although, in certain respects, other nations have progressed more rapidly, we have nothing to fear from a general survey of the most critical character.

I am not quite sure whether the reason for this self-depreciation of our own national effort is not partly to be found in the propagandism of societies which are interested, as suggested, in some particular branch of public health work. I cannot state from facts, but I should be surprised if any other country had such a multiplicity of societies as we possess. It seems to be the desire of English people in general, and, in my opinion, it is more characteristic of the Londoner than the Provincial, if any subject is considered as requiring reform, or progress requires to be stimulated, that a society should be established with the object of interesting itself in such matter. If successful, it is not uncommon to see what is nothing more or less than an opposition organization established with practically the same object in view, the step being justified by some trivial addition to the original constitution, or by some inconsequent variation of a detail of policy. In this way a multiplicity of societies working to the same end becomes established. Well-meaning and indulgent Committees refer to a recognised defect on endless occasions, and the public comes to believe that nothing is being done in this particular direction, that as a country we are hopelessly decadent, and that

local authorities are not fit to be trusted with the administration of this or that important matter. In this way, and by discriminating advertisement, a society may come to be accepted by the public as the fount of all good and later receive its reward from the Government in the form of central recognition, or even of a grant from public funds. By a continual emphasis on work to be done, without reference to, or only meagre recognition of what has already been accomplished, we may attribute much of the present feeling of dissatisfaction. Whether this be the case or not, voluntary societies, with only very few exceptions, are not bodies to which the expenditure of public funds should be entrusted. Local authorities, duly elected, should almost alone be vested with this power. Societies may well be employed in rousing public opinion to stimulate laggards, but the subsidising of voluntary bodies to perform any work which it should be the duty of a local authority to perform ought not to be permitted.

The argument of chaotic confusion has been raised against present administrative measures, and with some justice. This is mainly owing to vested interests having been created by the reference of administrative powers to various Government Departments. These departments are naturally unwilling to surrender their powers either to an existing body or to one newly created. They probably consider the duties imposed have been satisfactorily performed.

It comes about, therefore, that a situation has been created which, in my opinion, makes it practically impossible to establish machinery for an immediate and successful co-ordination of effort—the paralysing effect of compromise will prove the barrier. If all divergent interests are met by compromise then the state of the future will be worse than the present, for the result of any compromise on principle will be weakened powers, and any measure framed on such lines will enable those who are satisfied to prevent any remodelling until public opinion can again be re-established in favour of reform—a process which will take many years to effect.

To the difficulty arising from the conflict of principles must be added that arising from detail. In most of the proposals which I have seen too great a prominence has been paid to detail. The subject is now so vast and complicated that any cut and dried measure of reform dealing satisfactorily and in a com-

prehensive measure with both principle and detail is almost a matter of impossibility, and I would prefer to see a much less ambitious effort with a sound fundamental principle as a basis put into immediate practice.

It must be accepted that co-ordination of all public health work is desirable, and a policy should be initiated for ultimately and progressively bringing all this work under the control of one department. For this purpose it matters little whether it is an existing body or a new one, but the Local Government Board, which has the fullest experience of public health work, might well be remodelled, and given this new responsibility.

The chief defect of the Board is its conservatism, and therefore its lack of progress. The Board is purely a nominal one, its functions are in the main exercised by permanent officials. Permanent officers are bound down by precedent. They must from the very nature of things be conservative, and even if better judgment suggests a change, the decisions of one or even two or three decades back may rule the problem of to-day. This very defect has been a standing cause of grievance for years and a real obstacle to progress. It can be met by creating a small State Board of Health, comprised, say, of four of the chief permanent officials and four elected members, of whom at least two should be medical men. To such a Board could be delegated the duties of advising the Minister, initiating movements, co-ordinating practice, and perhaps educating the public.

It would be an advantage if the elected members of this Board held office for a period of not more than five years, subject to re-election, and were not whole-time officers. Different Committees would likewise be appointed at the suggestion of the Board, but all reports of such Committees would be considered by the Board, so that the various recommendations could occupy a proper relationship in the development of the complete scheme for safe-guarding National Health.

I regard the formation of a Board of Health as being the most important requisite in any Ministry of Health Bill.

By the establishment of some such body progress might be slow, but a comprehensive grasp of the whole problem would be better assured, initiative more probable, and co-ordination rendered more reasonably certain than without its existence. Time will not

admit of any further elaboration of this subject.

As regards the directions in which progress may be attempted, one may safely say that the problems of present-day sanitation, in this country, resolve themselves into ensuring the birth of healthy children and their survival through the dangerous period of infancy; the early discovery of defects at the growing ages; conditions for ensuring healthy adolescence, and early manhood, and as such the standard may be taken to be that which will reduce the incidence of tuberculous infection to a minimum; and the removal of the effects of contaminated sexual intercourse which will reduce the mortality of late maturity considerably, and incidentally the mortality of the very young. The problem of old age does not exist, given healthy maturity healthy senility must result as a matter of course; and it follows from what I have said that if sanitation is directed to the attainment of these objects other efforts become merely side issues.

Twenty years or more ago the problems of pure water supply, the disposal of sewage, improvements in refuse storage and disposal, avoidance of overcrowding, and of atmospheric pollution, and such similar public problems, were the main concern of public health workers, and in many respects a very high degree of perfection has been attained.

There should be no discounting the fact that the public health in general has materially improved, as a consequence of work done, but we have come to realise that, given ideal conditions, finality in progress will be impossible without the help of the people themselves. So much has the recognition of this fact been accepted, that the advocacy of personal hygiene has assumed a most prominent position, and to further this branch of the work the education of the public is now recognised as essential.

There is a vast difference between these two divisions. In so-called public hygiene we are enabled as a consequence of known facts and causes to assert that a definite result will follow the adoption of certain measures, *e.g.*, epidemics of enteric fever are frequently found to be related to contaminated water supplies; therefore, improvements in this connection will positively be followed by reduced epidemicity.

The value of preventive measures in the realm of personal hygiene will be enhanced

proportionately as social reforms—using the words in their broadest sense—keep pace with them. Personal knowledge, interest, and enthusiasm are essentials for success, and it is more than doubtful whether at the present time the standard of the masses in this connection is sufficiently high to justify the expectation of immediate and striking results.

A fundamental change is the blurring of the sharp line of demarcation which was formerly assumed to exist between preventive and curative medicine. So much is this the case that there seems a danger of the real fundamental principles of preventive work being somewhat ignored in the remarkable progress of curative work. Undoubtedly there is a close relationship between the two spheres of activity, but the objects of each should be kept clearly in mind, since they have not the same ultimate aim. Preventive medicine is mainly concerned with the amelioration of the condition of the population as a whole, curative medicine with the amelioration of the physical defects of individuals. It is quite clear that a capable worker in either branch may make observations which are of great interest and importance to the worker in the other branch, but one can only help, not replace, the other.

The increase in treatment as part of public health machinery has followed, to a great extent, on the riot of social legislation which was a feature of the Government programme during the ten years or so prior to the present War, and the State now undertakes the treatment of school children, the treatment of the tuberculous individual, and the treatment of the venereally infected, and also approves of medical assistance being given in maternity cases. Generally, the tendency would appear to be to increase this class of work. So much so, that the provision of beds for in-patient treatment and attached to Infant Welfare Clinics is not objected to by the Central Authorities. My opinion is that too great an importance attached to treatment will scotch progress in preventive work, unless there is a reorganization of the whole scheme of medical treatment for the public. If this subject becomes a matter for State interference, I hope these divisions will be kept as separate concerns as far as may be practicable, but with an organization which will admit of free interchange of knowledge.

Real and permanent progress in prevention can never result from increased facilities for

treatment alone. Moreover, treatment is expensive, and if public monies are too generously expended on this one object the supplies available for preventive measures will be reduced. The matter is of importance to medical officers of health, for if adequate progress does not result, those who practise prevention on these lines run the risk of being discredited with loss of future regard.

The tendency in this particular direction is well exemplified by a reference to the recent work in connection with tuberculosis. Considerable sums have been expended in the treatment of the tuberculous person. The results, in my opinion, will be disappointing. There is a danger that tuberculosis dispensaries will develop into large out-patient clinics, and sanatoria for consumptives into large convalescent homes, at which a certain amount of education is possible, but which, in the general result, will cause great disappointment to the patient and his family, since the benefits he derives are in many cases only temporary. There are those who argue that absolute cure would be possible if the length of treatment could be increased. Even with the present limited period of residence in a sanatorium, the course is an expensive one, and any measure which requires a considerable prolongation of this period (twelve months has been mentioned) would be prohibitive of general application. The advantages of the sanatorium in public health work cannot be regarded as of major importance.

I do not wish to be understood as attempting to discredit the value of treatment beyond emphasising the point that the treatment of consumptives must not be allowed to swallow up too great a part of the funds available, nor absorb too much of the energy necessary for real preventive effort, otherwise progress, if any, will be slow.

In dealing with this disease we are face to face with the great importance of the social factor more so than in any other branch of our work. Improvements in respect of work, home, food, habits, and personal knowledge all play their part, and the problem therefore becomes a complex one. In addition to the public health worker, the educationalist, the social reformer, the employer of labour, and particularly every individual member of the community, must take a part. Without great and radical improvements in the present conditions of life, each generation will continue to

supply its share to the mortality from this disease, no matter what facilities for treatment exist.

Some confirmation of these views is obtained from the recent Memorandum presented to the Insurance Committee for the County of London by their Medical Adviser, in which we find such sentences as "the wide gulf that separates the prospects of the consumptive among the industrial classes and those of his neighbour, in a higher social stratum"; "the factors which render sanatorium treatment a somewhat qualified success are well appreciated"; "we have no specific remedy for tuberculosis"; "permanent recovery cannot be looked for in less than a year"; "residence for some twelve to sixteen weeks in a sanatorium must be looked upon less as a cure than as a means of education, although it may give the patient a good start on the road to recovery." "Whether the desired goal (recovery) will be reached or not, depends upon how far the standard of the sanatorium can be maintained when he returns home"; "home treatment is a matter of money"; "the fortunes of the consumptive worker are dominated by his social circumstances"; and so on.

That the expensiveness of this treatment has not yet reached high-water mark may be gathered from the recommendations which are made in some quarters that treatment in a sanatorium should continue for a year. Others advise organized work for discharged consumptives, and even the addition of special homes. Colonies are advocated, in some schemes to the extent of a permanent settlement, all of which suggestions I view with some concern if they are to be regarded as having a preventive object. If the State, however, considers the value received from treatment is adequate, and proposes to continue the policy, then let the costs be accurately debited against treatment, and the organization definitely recognised as part of a State scheme of treatment. On similar lines one might consider the problem of the treatment of school children. There can be no doubt of the advantages which accrue to the child suffering from a crippling ailment if this ailment is discovered in early life and the appropriate treatment rendered; but these ailments are often the result of ignorance on the part of the parents or follow on the conditions of life under which the child is brought up. Unless these conditions are changed for the better, and unless the knowledge possessed by parents is increased, each

generation will produce its quota of crippled children without hope of future diminution in notable amount.

Infantile mortality again raises the question of knowledge possessed by parents and circumstances associated with home life. The improvements following the establishment of centres for the treatment of these children will not compare with that which would result from improved knowledge, increased interest, and improved conditions under which they live. Venereal disease will not be stamped out by the simple provision of treatment centres. It is a problem which is not quite comparable with some of those referred to, and although treatment will undoubtedly help to diminish the evil, the diminution will prove of limited proportions compared with the efforts of the people themselves. Education here will again prove of great service, but the education must be on definite lines, and must be one which also tends to rouse public opinion.

The object of these latter observations is to utter a note of warning. We must avoid being led away by the attractiveness of treatment. The real basis of our work must continue to be the development of broader principles which will benefit the community as a whole by decreasing the tendency to attack by disease. Unfortunately, this is not the line of least resistance, since treatment is more immediate in its results. It is also more difficult to convince people of the soundness of a preventive policy, since the benefits are apparently so remote. Years are necessary for permanent results to show themselves, and when they do, progress has been so slow that it is taken rather as a matter of course than as a result of a preconceived and considered policy.

As an incidental effect of the development of treatment as a public health measure, reference may be made to the fact that certain medical officers of health have been exposed to risks of conflict with other members of the profession, particularly the general practitioner. It is obvious that if a municipality undertakes work of treatment, some, but certainly not all, patients receiving this treatment might have been a source of income to some medical practitioner or other. The general practitioner therefore may reasonably display some concern at every proposed extension of treatment, and unless his services are requisitioned and adequately remunerated by the municipality, it is quite within the

range of possibility that open hostility may result. Increased bitterness is introduced into the objection if the medical officer himself actually undertakes treatment. Personally, I have always considered my own functions to be concerned mainly with administrative work. I think that in future this will come to be regarded as practically the sole duty of the medical officer of health, and to support this suggestion we find that the Venereal Disease Regulations make it fairly clear that the medical officer of health, in this relationship at any rate, is to play the part solely of administrator and organizer. I am glad to note the official acceptance of this principle, for I believe improvement in the health of the people will be both more certain and more rapid if the sympathy and active co-operation of general practitioners are obtained, and it is only by being brought to recognise that there is room for them in the administrative machinery that their whole-hearted co-operation will be possible. If there should be a future reorganization of State medical practice, provision will doubtless be made for clearly defining the scope of the activities of the different branches of the profession.

We are criticised at times, and I think occasionally rightly so, because our enthusiasm leads us to suggest for adoption measures which are really not preventive measures at all. To avoid this risk, I think that in all new proposals this society ought to take a greater lead in deciding as to their value as administrative measures. It is well that there should be uniformity. Let me mention a recent example of what I mean. In the *Times* of October 10th it is stated that the Free Church Council have just passed a resolution to the effect that "the time has come when, in the interests of morality and health both of the civil population and H.M. Forces, the communication of venereal disease to any other person, whether by a man or woman, should under adequate safeguards be made an offence under the law."

This is a real preventive measure, and one to be applauded. It compares very favourably with the proposal put forward by the Warrington Town Council, "that immediate steps should be taken by the responsible authority to make it possible for any person who makes application for same to obtain a preventive outfit together with instructions from some

competent and authorised person." This proposal if it means anything, suggests that the public health authority should be accessory to a pre-meditated offence against the public code of morality. Preventive treatment after exposure to infection would represent a true preventive measure, but no action of a public health authority should be of such a nature as will render it accessory to a contemplated offence which it is within the power of the offender to avoid if he so desired. The only cognizance which should be taken should be penal and not sympathetic. Although the proposal mentioned has received a blessing in our official journal, I for one, dissociate myself from it. If the prevention of venereal disease depends upon the adoption of such an offensive proposal, then the future outlook for the lessening of venereal disease is black indeed. I object to it both as a citizen and as a public health official.

Similar criticism might be advanced against the suggestion that polluted well water should be rendered potable by the addition of chlorine compounds. Such a measure in the event of other sources of supply being available cannot be regarded otherwise than as of temporary service. The suggestion of milk grading must be similarly viewed with suspicion from the standpoint of a true preventive measure. As a policy of expediency perhaps there is something to be said for it, but there is always the danger that it will acquire a permanent position.

One might continue on these and similar lines for a considerable time, but enough has been said for my purpose. I have desired among other things to emphasize the necessity for placing the personal factor in its true position in future work. Preventive measures in personal hygiene introduced in advance of the multitude of necessary social reforms will cause discouragement, even if not actual waste, and the first step should be to ensure improved education. How many of us who are brought in touch with the working classes are satisfied with the results of education, or consider that it proves a sufficient help in the struggle for existence? And this, one can safely assert, is due to the fact that the true principles of education seem to be neglected in the haste to instil into the mind of the growing child the mass of knowledge set out in the school curriculum. Among other requirements education should develop the imagination, and as Mr.

Mayo writes, "lack of imagination is a contributory factor in industrial unrest and social divisions." Imagination is necessary to see each other's point of view. Training of the logical faculty is no less important, and to these two should be added training the power of observation.

I am not altogether sure that there is not a mistaken conception as to the standard of education which the average child should attain. Sound arguments can be adduced in favour of a lower standard, to effect which there should be greater classification. It is only certain selected children who are worthy of advanced education, and for such children there should be no restrictions up to the limit of their ability. The imparting of knowledge of the usual school subjects to the average child should, in my opinion, be stopped earlier than it is, and the above principles, together with instruction in the details which go to make the real citizen and the skilled housewife substituted. Education in these matters is attempted to-day, but to a degree which would only amount to toying with the subject. Reforms are necessary all round, and the teaching profession should be placed on a considerably higher platform; the responsibility of teachers is great, for improved education is the first essential for future progress. It is important also to remember that this country has already passed through various phases of government, and is now in the declining stages of middle-class complacency. The power of the working classes is rapidly advancing, and as a consequence it may be expected that progress in social reform will be rapid. Education will remove the present irritability, and inculcate a wider appreciation of the welfare of all, and we must all of us hope that the new régime will not grasp the reins of power before they have been fully educated to appreciate the responsibilities which acceptance of power will incur. Given real progress in the education of the people, I can dream with O'Rane the creation of Stephen McKenna of "what a glorious thing we can make of life, even for the men who sweep the chimneys and mend the sewers."

GLASGOW ASSISTANT M.O.H.—The salary of Dr. W. Wright has been increased from £500 to £650 per annum. The salary of Dr. A. Maclean has been increased from £400 to £500.

CORRESPONDENCE.

The Editor does not accept responsibility for the opinions of correspondents.

From Sir BRYAN DONKIN.

SIR,—Having read with great interest in the current number of your Journal the memorandum by the Society of Medical Officers of Health on the "Ministries of Health Bill," as well as the article and correspondence on the Prevention of Venereal Disease, I ask for space to make a few comments.

(1) With regard to the Memorandum, although I agree generally with most or all of the opinions expressed, I desire now only to emphasize my strong accord with the view that the powers and duties of the Secretary of State under the Lunacy Acts and the Mental Deficiency Act, as well as the cure of patients under the Inebriates Act, should certainly be transferred to the Minister of Health without loss of time. I limit myself to these points, as I can speak from considerable experience, and without hesitation, and wish merely to express my judgment that unless these matters are placed under a Minister exclusively charged with the care of the Public Health, there is likely to be an indefinite continuance of much delay and of a large measure of failure in dealing with them efficiently.

(2) That PUBLIC HEALTH has given opportunities for discussion on the true medical prophylaxis of venereal infections is highly satisfactory to all those who are convinced that prevention is better than cure in every case of disease where it is practicable, and that therefore the matter of prevention of these diseases, which are pre-eminently preventable, must necessarily be regarded as one of the primary duties of the guardians of the national health. The simultaneous appearance in the Journal of the letter from "M.O.H.," and of the valuable contribution by Sir Archdale Reid and Commander Boyden, is of special importance at this time, when it is more and more recognised that the public must be informed definitely as to the details of successful medical prophylaxis. The question of what is the best method is a purely medical one, and must be considered quite apart from that of whether it is right or wrong to use prophylaxis at all. "M.O.H." has, it appears to me, both in his replies to Lord Sydenham's arguments and misrepresentations, and his positive recommendations of "Simple Sanitary Measures," contributed a most useful addition towards practical progress in the direction now so widely deemed to be desirable. Taking this letter together with the article mentioned above, we have before us material which alone would supply a large part of the subject matter which should be necessarily discussed by any body of medical experts appointed to place before the medical profession and the