ADMINISTRATION OF SANATORIUM
BENEFIT UNDER THE IN-
SURANCE ACT, AND THE
POSITION OF THE VARIOUS
OFFICERS IN CONNECTION
THEREWITH.*

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EVEN amongst those who have given the most careful attention to the subject, it is difficult to avoid confusion of thought in considering sanatorium benefit. The benefit itself is defined in Section 8 (1) (b) of the National Insurance Act, 1911, as treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis or such other diseases as the Local Government Board with the approval of the Treasury may appoint. Although some doubt may exist as to how far the words "in sanatoria" may qualify the words "in other institutions or otherwise," the definition is probably wide enough to cover every variety of treatment at present adopted, or in future to be devised for tuberculosis. The treatment to be given requires the approval of the Local Government Board, under Section 16(1) of the Act, but the term is used in its widest sense, and includes institutional and domiciliary, hygienic and prophylactic, and therapeutic and dietetic treatment, and other approved measures. The definition of sanatorium benefit, as a benefit to an insured person, implies some advantage to be given to him, or it may be to his dependants, in partial consideration of the payments he is required to make under the Act. It has, however, been very properly appreciated that, in order to obtain the most beneficial results from the work proposed to be done amongst the insured, the same measures should be made available to the whole community. This has been rendered possible by the operation of Section 16 (3) of the Act, which prevents the benefit being claimed as a right, and makes it only to be given on the recommendation of the insurance committee. The considerations which should guide an insurance committee in recommending sanatorium benefit are, therefore, the same as those which govern the providing of treatment for the tuberculous by the local authority. The distinction of sanatorium benefit, as a benefit for insured persons, virtually disappears, and our discussion of to-day on the administration of sanatorium benefit resolves itself into one on

the administration of the treatment of tuberculosis for the whole community. It has rightly been insisted upon by Dr. Leslie Mackenzie, among others, that any treatment of the individual will only attain its best results when given in proper relationship to the whole social conditions of the sufferer, for in such a disease as tuberculosis many factors arise which must be regarded in prescribing the best course to be adopted. The sufferer and his conditions are not alone to be considered; the cause of his illness and his facilities for spreading the disease require, among many other things, to be specially borne in mind. It is clear that the various medical questions which arise are to be grouped under at least two main divisions, the clinical and the hygienic, and though on many points the distinction between these divisions is not well defined, yet for the better understanding of the relationship of the authorities and officers to the work, the question should always be regarded from the two aspects.

In such a meeting as this, and at this stage in the development of tuberculosis work, it is unnecessary for me to describe in detail the clinical and hygienic questions involved. The object of our discussion is rather to define the spheres and relationships of the various persons and authorities engaged. The clinical and hygienic aspects of tuberculosis work, cannot, from the point of view of any public authority, either an insurance committee or local sanitary authority, be regarded as of equal importance, as the latter should be, at all times, the determining factor. It is of little use treating the sufferer, if he be an early curative case, in a well-equipped and modern sanatorium, if he, after cure, is to return to the conditions which gave rise to his illness, or if he be a later and more infectious case at home, if he be housed so as to be liable to spread the disease. It is on this account that, so far, as public work in tuberculosis is concerned, the recommendations of the physician must at all times be subject to the comment and recommendation of the hygienist. This does not mean any interference in, or control over, the clinical work of the physician by the hygienist, but it does mean that so far as the recommendations to public authorities of the course to be adopted in each case is concerned, the advice of the latter should prevail. Hygienists, in the persons of medical officers of health, are able to take a broader view of the needs of the community in which they are situated, and are able to direct more efficient weapons towards the

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prophylactic treatment of this disease than even "treatment in sanatoria or other institutions or otherwise." Their work in the past, in tuberculosis, has met with much success, which fully justifies the position which they only are qualified to occupy in the new campaign which is being inaugurated. Since the notification of pulmonary tuberculosis has been made compulsory, the records in the possession of these officers show with the greatest exactness which it is at present possible to secure, the incidence of this disease in each area. It is hopeless to attempt to found, as apparently has been suggested, an anti-tuberculosis campaign upon casual applications for sanatorium benefit by the self-diagnosed sufferers. The incomparably more accurate records of notification must be made available for the purposes of the administration of this benefit, and it may be stated without fear of contradiction, that in those areas where the greatest number of subsequently justified applications for this benefit have been received, these records have been the most efficiently used. The records of notification ought to form the starting point of all tuberculosis work, and, by the proper investigation into the notified cases, the great majority of early and suspicious cases are discovered.

Coming to the authorities which deal with this subject, in the area of county boroughs no difficulty need be found in the administration of the work. In such an area, with its own local sanitary authority and its own local insurance committee, the relationships of the *personnel* engaged can be readily arranged. The most important aspect of the work is that of public health, and the officers engaged in it therefore should be essentially health officers, and should take their definite and clear place in the public health department as tuberculosis physicians. In their clinical work they cannot be subject to any control, and are bound to express an unbiassed opinion of the greatest value in subsequent procedure. A well-trained tuberculosis physician, if he has a thorough knowledge of preventive medicine, will, I believe, be regarded by medical officers of health as an asset of the greatest assistance in their work. The essential points to be understood to bring about a proper co-ordination in the work are that (1) the tuberculosis physician should be on the staff of the medical officer of health and subject to his administrative control; (2) that while he acts independently clinically, his work, as affecting the cause of the spread of the disease and other

matters of hygiene, should be under the control and supervision of the medical officer of health, and (3) the advice to be given to any authority as to the use of sanatoria or other institutions or otherwise, should be regarded, both as a clinical and hygienic matter, upon which, in the interests of the community, the medical officer of health should act as the final adviser.

In county areas the problem becomes more complicated. The county council is the body charged with the organisation of the scheme so far as it concerns treatment in sanatoria or other institution or otherwise, while urban and rural district councils are the bodies primarily concerned in the public health of their area, and are therefore vitally affected by the questions involved, and ought to occupy an important position in the scheme for dealing with tuberculosis. To set up an organisation in a county, differing in essential points in different areas, has I know been a task of enormous difficulty. The local medical officers of health ought to take their places in such a scheme, and in their own areas their well considered public health opinion ought to prevail. It is clear that the closest relationship must exist between the county medical officer of health and the local medical officers of health and the tuberculosis physicians, if good work is to be done, and I have no doubt that such co-operation can be secured.

It has been recognised from the first that a most important matter in this work is the securing of the co-operation of medical men in private practice in the efforts of public health authorities to combat tuberculosis. As to how this co-operation should be secured, well-marked differences of opinion have arisen within the past few months, largely from misunderstanding on both sides. The attempt of the British Medical Association to confine the energies of the tuberculosis physicians to diagnostic and consultative work only is, I believe, ill-advised. It is not in the interests of the work to displace the private practitioner in tuberculosis in his private practice, when this is carried out in accordance with the general scheme laid down, but to exclude the tuberculosis physician from taking any active part in the treatment at the dispensary is irrational, for the dispensary has been definitely set up as a centre for curative treatment under that officer.

So far as insured persons are concerned, the recently suggested alteration of the terms for the administration of medical benefit will materially change the attitude taken up by the

general profession on this subject. It is clearly the correct policy from a public health point of view, to make an inclusive payment to the medical practitioner to cover medical attendance in tuberculosis, for by doing so his medical opinion is quite certain to be unprejudiced by any consideration of private interest. The question, however, of the uninsured still remains, but local authorities are unable, through lack of funds, to provide for medical attendance in tuberculosis in this class along the lines of the proposed settlement for the insured, but the terms suggested for the insured clearly form a precedent when the extension of medical and sanatorium benefit is made to dependants. Medical officers of health are by no means antagonistic to their professional brethren in private practice, and will further their interests as far as it is possible to do, while carrying out their professional duties, but it is, I fear, impossible for them to agree to all the principles and demands of the British Medical Association in this matter, for many of these demands are opposed, not only to the best interests of public work, but also to the best interests of the profession itself.

THE WELFARE OF THE DEAF.

SCHOOL MEDICAL OFFICERS may like to have their attention directed to the National Bureau for Promoting the Welfare of the Deaf. This Bureau, of which the founder is Mr. Leo Bonn, has its offices at Gwydir Chambers, High Holborn. We have just received the report of the Bureau for the year 1911-12, this being the first report which has been issued. Its object is to be a centre of information concerning all matters relating to the deaf. In a large degree it is concerned with the educational side of this work and with the promotion of their social condition. Thus the increase of opportunities for their employment is one of the chief concerns of the Bureau and the medical aspects of the subject, the prevention of acquired deafness, for instance, finds a fitting place in its programme. The Bureau is in relation with all organizations which are interested in the welfare of the deaf and engaged in the amelioration of their condition. It is providing for the giving of lectures which have this object, and reprints of two of these lectures, by Dr. J. Kerr Love, have been published.

DR. FREMANTLE, medical officer of health of Hertfordshire, has been selected as candidate for membership of Parliament for the Borough of Stockport. Dr. Fremantle's ripe experiences of public health questions admirably fits him for the position he seeks, and he would, undoubtedly, be able to render useful services in connection with any legislation affecting this or other social subjects.

A CRITICISM OF THE ATTITUDE OF THE MEDICAL OFFICER OF HEALTH AND THE GENERAL PRACTITIONER ON THE ASTOR SCHEME.*

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MUCH of what is said in the following as regards the proper attitude of the medical officer of health applies to a theoretical state of things rather than to that which exists in most sanitary districts except the larger ones, and only relates to whole-time officers.

When the medical inspection of school children came forward I deprecated the medical officer of health personally undertaking the work on two grounds—viz., first, that so far as his training and experience were "special" they did not fit him for it; and, secondly, that the mere fact of his undertaking it was a confession that he was already insufficiently employed. At the same time, I maintained that it should come within the work of the department of public health, and be under the general supervision of the medical officer of health. My position was justified by the fact that in most instances in which the medical officer of health undertook this work an assistant was specially appointed, and in the larger districts the only connection the medical officer of health has with the work is supervisory.

Now, the appointment of tuberculosis officers is to the fore, and I regret to find the same attitude assumed by many medical officers of health—that they should be the tuberculosis officers. There can be no misconception as to the ideal tuberculosis officer as a clinical special expert in the diagnosis and treatment of phthisis, and a whole-time official. I endorse the idea that the tuberculosis officer should be subordinate to the medical officer of health, and his department part and parcel of the public health department; but that the medical officer of health should have the capacity and the time to act as tuberculosis officer is an assumption quite inconsistent with his training and experience, and an admission of unemployment, which seems to me a very serious one to make, besides being one which is quite opposed to facts.

I consider that the medical officer of health should be well-up in the latest phases of work, able to advise concerning it, and to generally supervise it; but to expect him to carry out details in practice is absurd.

* Read before the Midland Branch on November 7th, 1912.