II.—THE FUTURE ORGANISATION OF PUBLIC HEALTH WORK IN RURAL AREAS.

By a County Medical Officer.

It is fashionable in the world of public health, as in most other spheres of official activity, to pooh-pooh part-time work, but any proposed reconstruction of medical work in rural areas should be to a large extent organised on a part-time basis, such work being controlled by large-minded whole-time officials.

There is little or no practical experience to go upon. So far as one knows, no properly organised and controlled scheme of part-time medical or public health work has yet been tried, whereas whole-time officialised schemes of county school medical administration are numerous throughout the country and have not proved altogether satisfying to the communities ultimately concerned. The needs and requirements of rural areas, which after all constitute a large part of the population, are too often overlooked owing to the more insistent demands of, and the precedents created by, industrial and urban administration. Local conditions and local requirements differ from village to village, and we have lacked the clear thinking required to deal with them. The real solution of reconstructing local administrative machinery is surely not the generally accepted solution of parcelling-out England and Wales as well as individual counties into suitable and convenient areas for whole-time officers to work in on uniform lines as approved by Whitehall, but rather a happy combination of part-time medical service under local sanitary committees, with official administrative control by whole-time county council officials. The sanitary committees should naturally be the existing committees of urban and rural district councils endowed with considerable executive functions. Certainly increased executive powers should also be given to county councils, and further public health activities imposed upon them, but their watchword in administrative organisation should be decentralisation. The science of administrative medicine is a wide and rapidly developing subject, which does not lend itself to officialism, although the present tendency is to concentrate not only the financial details (which may be a proper thing to do) but also the details of executive routine in county health offices and in London.

If a scheme such as this were adopted there is no crying need for a Central Ministry of Health for the next half-dozen years. The majority of proposed schemes seem to begin at the wrong end and run the risk of providing a huge red-tape machine much worse than the existing state of affairs.

An immediate remedy for present-day difficulties of central administration might be found in appointing one and the same Minister for the Local Government Board and for the National Insurance Commission, with two separate offices and two independent staffs. This is the case with the public health and insurance departments of certain county areas—one chairman with two offices and two staffs; and so far from producing friction the result has been most helpful and intimate co-operation on both sides. The public health functions of the Board of Education, the Board of Control, the Home Office, the General Register Office, the Central Midwives Board, the Ministry of Pensions, the Ministry of Munitions, the Board of Agriculture, and the Board of Trade might be left for the time untouched. These manifold public health functions can gradually be absorbed into a Central Ministry of Health when in course of time it is constituted, whereas the Local Government Board has enough to do at the present time to reorganise itself and to amalgamate its separate branches into one solid whole without attempting to take on other duties. The local administration of the National Insurance Act would serve well enough for immediate purposes, were the County Insurance Committees to be made by legislation committees of the County Council.

III.—A PUBLIC MEDICAL SERVICE IN BEING.

A Public Medical Service was inaugurated in Leicester on New Year's Day, 1913, and in a memorandum addressed to the Prime Minister and others the honorary secretary of the Service, Dr. W. Moffat Holmes, suggests that the Leicester arrangements are in some respects in advance of those made on behalf of insured persons under the National Health

Insurance Acts, and have been found in practice to work well on voluntary lines. If a Ministry of Health is set up in the near future, conferring additional responsibilities in health matters upon local authorities, he claims for his Service the consideration due to an organisation with a successful record of work accomplished. Briefly summarised, the working of the Service is as follows:—

When the Leicester Provident Dispensary came to an end on the introduction of the Insurance Act, a large section of the population of Leicester (chiefly women and children) were left unprotected for, and in these circumstances a Public Medical Service was started through which dependents of insured persons and others are enabled to obtain medical attendance by means of small periodical payments. Adults pay 2d. per week, children under 14 pay 1d. per week, not more than four children in one family being charged for. This payment entitles to ordinary medical attendance, medicine, and dressings. These low rates were fixed in order to continue the work of the dispensary, and because the members receive no aid from the State. The Service is under the control of a Board of Management, elected annually. All the doctors practising in the town are associated with the Service, in either an honorary or acting capacity. There are consulting-rooms at the central dispensary, and at five of the eight branch dispensaries. All prescriptions are made up by qualified dispensers, drugs and chemicals being supplied from the central dispensary, to which is attached a steam laboratory. Members have choice of doctor from a panel of more than 60, and are allowed to change quarterly. Attendance is at the doctor's surgery, and in several cases at the consulting rooms of the Service in addition. Special treatment for eye, nose, ear and throat, as well as dental treatment is arranged for at moderate fees. All the friendly societies in the town arrange on contract lines for the treatment of their uninsured members through the Service. A Complaints Committee was set up at the inception of the Service, but has never had occasion to meet. The Service treats the dependents of soldiers and sailors on special terms, and there is a philanthropic section dealing with the blind, cripples, and feeble-minded girls. By arrangement with the Education Committee, the Service provides accommodation for children to be treated for the eye, nose, ear and throat, and teeth, and dispensing the necessary medicines. Full advantage is not at present being taken of the facilities provided. The number of uninsured members (April, 1918) exceeds 42,000; the school clinic, new cases, numbered 2242 in 1917. The Service has carried through a scheme for attendance on the patients of the absentee doctors. Adjacent to the central dispensary is the Faïre Hospital of three wards, each containing nine beds, where medical and surgical cases are received at fixed charges for nursing and maintenance, the fee for operation or attendance being mutually arranged between doctor and patient.

The board of management of the Service is specially desirous that in any arrangements made by the State or by local authorities for providing medical benefit for school children and dependents of insured persons use will be made of the facilities offered by the existing public medical service.

PRECAUTIONS AGAINST MALARIA IN ENGLAND:

MEMORANDUM BY SIR RONALD ROSS.

WE have received from the Director-General, A.M.S., the following important memorandum of precautions directed against the spread of malaria in this country, drawn up by Colonel Sir Ronald Ross, A.M.S., and dated May 16th.

Memorandum.

1. It has always been likely since the beginning of the war that malaria might spread in Britain owing to the return of infected soldiers from abroad.

2. Towards the end of 1916 this apprehension took shape in the form of various letters to the War Office pointing out the danger, and partly in consequence of this danger (which had always been apparent to Sir Alfred Keogh) a scheme was commenced early in 1917 to concentrate soldiers infected with malaria at eight different special malaria hospitals in the United Kingdom—that is, one hospital for each command. Medical officers experienced in the treatment of malaria were appointed to each special malaria hospital, and three consultants in malaria were selected to supervise their work and, if possible, to obtain scientific results from the observations made. This scheme was timed to begin from Feb. 15th, 1917, and was in full working order within two or three months afterwards.

3. As had been anticipated, indigenous cases of malaria began to appear in England during the summer of last year. The first series consisted of five or six cases of benign tertian in the Aldershot district among the troops. Then some civil and military cases of malaria were reported from Southwold, Grantham, and Walton-on-Thames, and about the same time a considerable number of cases from the Isle of Sheppey and Sandwich in Kent. In the latter districts, however, we heard from local medical officers that the disease has quite possibly been endemic for a long time past to a small extent.

4. Directly these facts became known we communicated with the Local Government Board, which, in its turn, put the matter before its civilian health officers, issued

instructions, and worked in conjunction with the military authorities. The Army Sanitary Committee, together with officials of the Local Government Board and myself, visited Southwold, Isle of Sheppey, and Sandwich, and the Local Government Board and the military authorities of the Aldershot Command and myself studied the situation in that Command.

5. Meantime general instructions for the treatment of malaria cases, both in hospital and outside, had been issued broadcast by the War Office. According to these instructions all cases of malaria were given 60 grains of quinine weekly, and were provided with additional bottles of quinine tablets to keep in their possession, in order partly to prevent relapses of fever among the men, and partly to prevent the spread of the disease from malaria carriers to healthy persons. Simultaneously, all cases of malaria in places where mosquitoes abounded were collected in sheds protected against the entry of the insects—that is, when they were not sent to the special malaria hospitals. The cases in the malaria hospitals were similarly protected where necessary. In addition, much work was done in the way of clearing and oiling pools and watercourses. For military reasons it was not found possible altogether to keep old cases of malaria out of all districts where anophelines abound, but we considered that protection from mosquito bites, together with persistent dosing with quinine, would suffice to check the spread of malaria from the military cases in such localities. It will, of course, be understood that anophelines occur in small numbers during the summer all through the United Kingdom, and that malaria cases returning from abroad must, for military reasons, be stationed with their units wherever those units happen to be. But, in my opinion, the anophelines are comparatively so scarce in most parts of Britain as to render the danger of spread of malaria a negligible quantity except only at a few spots where the insects are more numerous. Nevertheless, we have taken, and are taking, special precautions in places where no indigenous cases have occurred within our cognisance, as in the New Romney district, Southampton, Oxford, Epsom, and in parts of Kent.

6. In order to provide against the occurrence of endemic malaria during the present year a meeting was held in London on Jan. 18th, while I was absent in Salonika, between Colonel Horrocks, Lieutenant-Colonel Webb, Major Smales, and officers of the Local Government Board, to consider all the steps that should be taken for this purpose. The meeting drew up a comprehensive list of measures, very largely in accordance with those adopted during 1917. On my return I saw and fully approved of this memorandum.

7. In order to give effect to it, several officers had been specially detailed for the work—namely, Captains Macdonald, O'Conner, and Parsons, R.A.M.C., and Lieutenant Edwardes. These officers have been engaged in moving about among the most dangerous areas in order to supervise the measures which are being taken to inspect local conditions, and to instruct local authorities, both civil and military, on the questions at issue. For its part the Local Government Board has at its disposal the advice of Colonel James, I.M.S. (retired), a very experienced malaria officer, and has also asked its sanitary department to notify cases as soon as they occur. I may add that the Local Government Board is now issuing a memorandum on the indigenous malaria of last year; that I have personally inspected most of the dangerous localities, and that surveys by experienced entomologists have been made in them.

8. A general system has been adopted by us for the immediate notification of all cases of malaria entering the United Kingdom from abroad for the purpose of recording where such cases disembark and where they go to when on leave or are stationed when on duty or in hospital. Civil medical officers of health are informed when all such cases enter their districts, and the subsequent career of these cases is watched and a regular monthly report sent in by medical officers of all units and hospitals in the United Kingdom. These reports are now collected and tabulated and studied in my office here.

9. Up to the present no cases of indigenous malaria have been reported during the present year.

10. With our present organisation former foci of malaria in England are under minute supervision, and if new foci develop, which I hope will not be the case, we can at once send experts there to deal with the matter forthwith. The Local Government Board has made similar arrangements. Personally, however, I am by no means sure that last year was not a very exceptionally favourable year for malaria owing to the fact that warm spring and early summer caused exceptional breeding of mosquitoes, and I hope that the present year will be less favourable.

RONALD ROSS,
Colonel, Consultant in Malaria.

All medical men should be on the look-out for cases of malaria among men returning from districts where infection could have occurred, so that the machinery for dealing with the cases can be put into action promptly.

Correspondence.

"Audi alteram partem."

THE PRIMARY EXAMINATION OF THE F.R.C.S. ENG.

To the Editor of THE LANCET.

SIR,—May I ask the privilege of space for the insertion of the accompanying short reply to the letter from Sir William Osler appearing in your issue of last week, and at the same time express my thanks for your courtesy.

I am, Sir, yours faithfully,

G. H. MAKINS.

DEAR SIR WILLIAM OSLER,—A personal appeal from you demands a personal reply, and although I obviously cannot take upon myself to answer on behalf of the Royal College of Surgeons itself, I can say that experience of the results of the Primary Examination for the Fellowship of the College has been for some time a source of grave concern to the Council and the Board of Examiners alike. The matter is, indeed, under consideration at the present time, and your authoritative opinion cannot fail to be of real value and great influence.

One point in your letter, the "Fellowship Class," one of the unhappy products of an overcrowded curriculum, especially appeals to me as a lifelong student in a London school. No element, in my opinion, has done so much to reduce the candidate for the Fellowship of the College from a well-informed surgeon to the level of a "carefully prepared" individual, and any change which could result in the substitution of personal observation and research for careful class preparation would indeed be a step in a happy direction.

Yours sincerely,

May 20th, 1918.

G. H. MAKINS.

To the Editor of THE LANCET.

SIR,—I am sure the unsuccessful candidates at the last Primary Examination for the F.R.C.S. Eng. will feel grateful to Sir William Osler for his kind solicitude on their behalf. His description of the "rottenness of the present system"—for "system" it must be, he says—suggests the analogy of a cookery class and what may be the results if some of the more distinguished and capable teachers of such classes become examiners and judges of dishes prepared and sent to table by the pupils. Sir William Osler's account of the failures hardly makes sufficient, if any, distinction between the candidates who come straight from the schools and those who left the classes long ago and have since been trying concoctions on their own individual responsibility and initiative.

As Sir William Osler's letter is addressed to the President of the Royal College of Surgeons I will not presume to give details of the comparison I make. I may, however, perhaps be permitted to add that some candidates, even though they have been excellently well prepared, fail to pass owing to temporary aberration or unthought-out replies. For example, if a candidate made mistakes in his paper on anatomy or physiology equivalent to an error in the Rule of Three that 82 is the fourth term in the percentage proportion of 27 out of 34, it goes without saying that even a fair-minded, capable examiner could not possibly give a pass mark to such a candidate.

In conclusion, may I say that my only reason for writing this letter is the conversation which I had with you, Mr. Editor, on this very subject one day last week.

I am, Sir, yours faithfully,

Cavendish-square, W., May 21st, 1918.

HENRY MORRIS.

To the Editor of THE LANCET.

SIR,—As an F.R.C.S. Eng. who, as the result of experience gained in teaching and in examining, has advocated somewhat drastic reforms in medical education for many years past, I welcome most heartily the letter of Sir William Osler, in which attention is drawn to an evil which we have tolerated far too long—namely, the systematic rejection on examination of well-educated and well-trained students. Sir William Osler thinks that the system of examination is at fault. Has he nothing to say about the system of education, of which the examiners are the outcome? Reorganise