THE CIVIL MEDICAL SERVICES.*

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In our community there is a vast amount of disease causing invalidity, incapacity, and premature death, and the country has periodically awakened to the necessity of inquiring into the health of the people and endeavouring to improve and maintain the physique of the nation.

As the result of the examination of recruits for the Army during the South African War it was found that from 40 to 60 per cent of the men offering themselves for service were so defective as to be unfit for military service, and there was a loud outcry about the "progressive physical degeneration" of the nation, which led to the constitution by the Government of an Inter-Departmental Committee on Physical Degeneration with the following terms of reference:—

- (1) To determine with the aid of such counsel as the medical profession are able to give, the steps that should be taken to furnish the Government and the nation at large with periodical data for an accurate comparative estimate of the health and physique of the people.
- (2) To indicate generally the causes of such physical deterioration as does exist in certain classes, and
- (3) To point out the means by which it can be most effectively diminished.

This Committee reported in 1904, but the report led to very little, because the results obtained by the Recruiting Officers of the Army gave no reliable basis for the conclusion that there was general physical degeneration, as the numbers concerned were too small and the recruits who then drifted into the Army were young men without employment drawn from the lowest classes, and who were either unfit, or disinclined, for regular employment.

Again, from the report of the Ministry of National Service published this year, we learn that of nearly 2½ million men examined during the last year of the war, when the machinery for an accurate census was in operation, only 36 per cent were fit, and 40 per cent presented marked physical disabilities relegating them to the C 3 category.

The reports on National Insurance show that 40 per cent of insured persons are incapacitated through illness for some period in each year, giving rise to 14 million weeks of registered sickness per annum among these working-classes—mostly preventible sickness. These figures, together with those obtained from our reports on the Medical Inspection of School Children and also from the Death Returns, especially those relating to the still too high mortality among infants, are alarming evidence that all is not well with the health of the community, and call for more systematic effort on the part of all agencies available for the improvement and maintenance of the public health.

The war more than anything else has forced upon the public a sense of the basic importance of health, and great social reformers—especially the Prime Minister—have leavened the whole country with the stimulus for social reform. For years Medical Officers of Health and others have been advocating that the many isolated, piecemeal, redundant and overlapping medical services should be woven together into one uniform and co-ordinated service. They are no longer the "voice crying in the wilderness." The Great Public has once more realised its greatest asset—Health—and has taken the first great step towards reform in this direction by the establishment of a Ministry of Health. The Act of Parliament which constituted the Ministry of Health made provision for Advisory Councils, and the Minister lost no time in constituting a Consultative Council on Medical and Allied Services "to consider and make recommendations as to the Scheme or Schemes requisite for the systematised provision of such forms of Medical and Allied Services as should in the opinion of the Council be available for the inhabitants of a given area."

In the report of the Consultative Council, Civil Medical Services are classified into Domestic as distinct from Institutional, and Individual as distinct from Communal.

Arrangements are also proposed by which provision should be made for such matters as Laboratory Services, Research, Dental Services, etc., in the systematised Scheme.

The report states that work in Preventive Medicine by the General Practitioner would be carried out both in the homes of the patients and in the Primary Health Centre, and the Health Authority should be enabled to make specific payments for such work.

* Presidential Address delivered at opening meeting of N.W. Branch in Manchester, October 15, 1920.

It is because the General Practitioner has hitherto been unable to associate preventive work with his treatment either through lack of special training, lack of time, or disinclination, that such so-called Communal Services as the Medical Inspection of School Children, Antenatal and Child Welfare Work, etc., have been established as *ad hoc* services by the Local Authorities under the ægis of the State.

The large mass of preventible sickness revealed by reports of Medical Inspection, the work of Health Visitors, etc., which has not hitherto come within the scope of the General Practitioner, and which he has not had time to attend to, has necessitated the establishment of these Communal Services and Clinics.

Now although a basic distinction is drawn between Individual and Communal Medical Service, we, as Health Officers, should not recognise such a distinction—the sum of the health of the individuals is the health of the community, and the practice of medicine—whether it be among collective groups between certain ages for all defects, or of all ages for certain specific defects, or whether it be individual medical attendance on the remainder of the community—by far the majority—by the General Practitioner—it should be regarded and undertaken as co-ordinated Communal Practice for the benefit of the community at large. On this account it is essential that the General Practitioner should enlarge the sphere of his activities in the direction of the preventive medicine and become a unit in the administration of communal health. This principle, we are glad to see, is emphasised in the report of the Consultative Council.

The impossibility of dissociating Preventive from Curative Medicine is obvious in communicable disease inasmuch as the process of cure is intimately bound up with the destruction and elimination of the infectious processes—moreover, the idea that only communicable disease can be prevented is exploded, and it is now generally recognised that the majority of non-communicable disease is also preventable. Incipient disease is a matter for searching diagnosis, and the General Practitioner is the only individual who has the opportunity to study the early signs of disease in the majority of the community, and there must be available for his use all the necessary equipment for the most recent methods of diagnosis. Unfortunately the General Practitioner of to-day has had practically no training in the highly specialised field of preven-

tive medicine; his rôle has been to cure established disease, and he has been well-trained for this purpose.

Just in proportion as Preventive and Curative Medicine cannot be divorced from one another, so the training in the preventive aspect should be correlated and carried out simultaneously with diagnosis and treatment of disease throughout the whole of the medical curriculum.

Hygiene, the association of industrial and social conditions with disease, a wider conception of Etiology in disease, antenatal medicine and the prevention of infantile disease, serum therapy and communal responsibility, all these inculcated into the medical student, not as a separate and dissociated department of training for the purpose of an examination paper, but as a living part of the whole of his medical training, will create a new type of Doctor equipped with the knowledge and imbued with the desire to render the greatest service to the community in the prevention of disease and the maintenance of health.

The fact that out of about 24,000 names on the Medical Register for England and Wales nearly 16,000 are engaged in insurance domiciliary practice is sufficient to show that the majority of service to the State must be performed by these practitioners who are now engaged in general practice, but there are upwards of three thousand engaged as Medical Officers of Health, Tuberculosis Officers, Venereal Diseases Officers, Medical Officers for Maternity and Child Welfare, and School Medical Officers, for the most part devoting their whole time to the service of the State.

The report of the Consultative Council states that by the adoption of a whole-time salaried service for all Doctors the public would be serious losers, and the Scheme of the Council requires that the existing communal services should be directed by a General Practitioner practising in the area and paid on a part-time basis for this work, so that with perhaps the exception of the whole-time Medical Officer of Health the Consultative Council practically recommends the supplanting all the whole-time Medical Officers, who are doing excellent and organised work under an efficient and economical administration, by part-time practitioners, and under the directorship of a part-time practitioner. Such a Scheme of part-time service must, in my opinion, be much more costly, less efficient—indeed without the directorship of a whole-time Official, almost

doomed to failure—and a distinctly retrograde recommendation, essentially associated with the individual rather than with the communal outlook and not in accord in any way with the view taken by the majority of those with experience in Public Service.

The report entirely fails to appreciate the work which whole-time Officers are actually doing under the Ministry of Health. It states that those who do not come into personal contact with the sick can with advantage be paid entirely by salary—that a whole-time salaried service would discourage initiative, diminish the sense of responsibility and encourage mediocrity!

The inference is that the whole-time medical practitioner is a wholly soulless creature, while the part-time practitioner is an intensely human individual whose humanitarian instincts are stirred into activity by the fact that he has been chosen by his patient as his or her medical adviser. I am emphatically of opinion that there is no such radical distinction, and that there is the same desire to excel both in skill and helpfulness among salaried Medical Officers now engaged in Communal Service in dealing with their patients as there is among the General Practitioners, and, moreover, the “instinct which demands free choice of doctor” is largely exercised in choosing the whole-time officer when the opportunity occurs quite apart from the question of cost.

The ideal to be aimed at is co-operation instead of competition between the *ad hoc* salaried service and other medical practitioners, and it appears to me that the only way to bring this about is by extending the scheme of National Insurance.

No intention of limiting the benefits of the scheme of the Consultative Council to insured persons is stated in the report. On the contrary Lord Dawson suggests fitting the Insurance Organisation into the larger systematised service.

The time does not appear to have arrived for a complete State Medical Service, but a very important advance can be made in this direction by extending the benefits of the National Insurance Act to the dependants of insured persons and to all poor persons—and further by increasing the income limit to which the Act shall apply so that medical services become available for practically the whole population. This elaborated panel system must be linked up and co-ordinated with pub-

lic and preventive services and also with the Primary and Secondary Centres, or with such hospitals, consulting staffs, nursing and other services as are available until these centres are established. In such a scheme whole-time Medical Officers of Communal Clinics would be regarded as portion of the consulting services. There would have to be a limit to the number of persons under the care of one doctor, varying chiefly according to accessibility, and, inasmuch as the majority of doctors would become virtually whole-time insurance practitioners some new and extended organisation with regard to payment would have to be established by the Ministry and placed under the control of the Local Health Authority.

With regard to hospitals, although the elaborate conceptions of the Consultative Council may ultimately be arrived at, the most urgent need for the time being would appear to be to render available the beds of Poor Law Hospitals for other than poor persons needing hospital treatment. At such hospitals placed under the Local Authority the doctors could attend their own patients and a standard rate of charges might be drawn up for all patients who could pay, based upon income—but these should be inclusive charges, taking in the medical fees as well as maintenance, etc. Voluntary hospitals might continue their heroic struggle for independence side by side with such municipal hospitals, and indeed it seems a pity to sacrifice sixteen million pounds annually contributed by the charitable. These hospitals would probably need some financial assistance from the Local Health Authority and would doubtless in return be willing to submit to some proper form of control or supervision and to submit more complete and standard records of their work.

Should the Ministry of Health decide to change existing boundaries of areas of Local Health Administration it would not be difficult for the officers of counties and county boroughs to make recommendations in regard to areas which would, as the result of existing amenities, form a local unit provided with the necessary services, and one which could be readily administered.

With regard to administration the Consultative Council considers that existing health administration would be unsatisfactory and points out the need for a new Health Authority. The Council appears divided in

opinion as to whether the Authority should consist of a Statutory Committee of an existing Local Authority or of a new and independent ad hoc body established for the administration of health purposes alone.

Clearly under whatever administration there must be complete co-ordination and inter-communication between all the services of the area, but it does not appear necessary that the Health Authority need be composed very largely of experts in health matters, and, indeed, as to three-fifths of its composition, of medical members, in order to secure proper sympathetic and organised team work—rather it appears to me that an entirely lay Committee with business capacity and a view-point unaffected by personal motives and well advised by its principal Medical Officer is much more likely to be able to establish the desirable co-ordination of work and to prevent friction than is a Health Authority composed mainly of professional personnel.

It appears almost obvious to Local Government officers that any body entrusted with the expenditure of public money should be elected by the people—a most excellent democratic principle—and the suggestion of an ad hoc independent authority to administer all health matters is in many ways directly opposed to what it would appear the Consultative Council have set out to establish, i.e., uniformity of administration, and is, moreover, subversive of the ordinary principles of Local Government.

I have not touched on many matters dealt with in the report of the Consultative Council but have confined my remarks to certain portions of the report which appear to encroach on the departments of a Medical Officer of Health, but there is no doubt that before deciding on any broad scheme of reconstruction the Ministry of Health will be advised by their own officers as well as by the Advisory Councils, and I think there is no need to fear that the existing medical services, which have been established by local authorities throughout the country and, I think I may say, fully appreciated by the public, will be supplanted by less satisfactory services.

LAMBETH Borough Council have passed a resolution recording their appreciation of the services rendered by Dr. Joseph Priestley throughout the period of twenty-five years since his appointment as their medical officer of health.

THE DAWSON REPORT.

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It has been suggested that legislation will be introduced on the subject of the Report early next spring. If so, there is little enough time for effectual discussion, but it would seem doubtful that a Report so vague on all the most difficult points, can so quickly be reduced to terms of law and finance even if Parliament had not enough on its hands already.

My remarks will be mostly confined to the fate of existing Public Health staffs as far as can be gleaned from the Report, and as expounded by Lord Dawson.

The following quotations summarise the position:—

“The Practitioner must somehow be identified with preventive work.”

“The state services should be staffed on a part-time basis by part-time officers, where possible by the local general practitioners.”

Pre-natal care, child welfare, medical inspection and treatment of school children, physical culture, examination of suspected cases of tuberculosis and occupational disease, etc., are given as the communal services for which the director is to be a part time officer paid on a time basis, and the actual work will be performed on the same basis by his brother practitioners working under him.

The whole of the work of the clinical staff of the modern public health department is thus to be handed to general practitioners, but a partly whole-time dental service will still exist and will form part of the staff of each primary centre, and this partly whole-time dental service will be under the direction of part-time general practitioners. Curiously enough the remuneration for dental work is to be on a time basis, so that there will be the extraordinary arrangement of whole-time officers being paid on a part-time basis.

This Branch has recently been much exercised over the unsatisfactory position particularly of the junior members of the health service. As far as the School Medical Service and other clinical services are concerned, we need apparently be exercised no longer, Lord Dawson has found a sovereign remedy and simply removes all the Clinical Medical Officer's troubles by removing the Clinical Medical Officer himself.