

## Presidential Address.

### REFLECTIONS ON CERTAIN PUBLIC HEALTH PROBLEMS,

BY

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The title of this address, which it is my duty in common with all who are elected to the honourable position of President of this Society to deliver, is an indefinite one. The choice is deliberate, for the reason that it allows considerable latitude of expression and a generous scope of subjects. No man may expect to attain the exalted office of President who has not been actively engaged in the public service for a considerable period of his active professional life, and it is reasonable to assume that the least energetic amongst us must have something of interest to communicate, just as it is probable that every man could write one inspired book on human emotions if he had the mind so to do. Generalisations on matters of mutual interest appeal to me as being a more congenial task, and one more profitable than to attempt a thesis on some complex scientific problem associated with our work.

#### EXTENDING INTEREST IN PREVENTIVE MEDICINE.

The topic which chiefly attracts me, though until recently in a somewhat passive way, is the fact that the profession of medicine for some years past has been agitated by political controversy, and, though undesired and uncouraged, the branch to which we belong is in continual danger of being involved. The origin of the disturbance was the passing of the National Insurance Act, and the risk that we may be drawn into the dispute arises from the acceptance of the principle that in the future, "preventive and curative medicine have to be brought together and practised in harmony." This is the statement of the principal Medical Officer of the Ministry of Health, and it is supported by the Editor of the *Lancet* in the words, "The prevention of disease is as much the rôle of the practitioner as is the cure and care of patients." Practitioners in general have accepted this view, and I think Medical Officers of Health could not raise any sound objection against it.

The development of public health on these lines has resulted in an increasing desire on the part of voluntary societies to participate in pre-

ventive work, a tendency which received marked impetus with the kingly utterance, "If preventable, why not prevented?" The medical consultant of Harley Street is similarly showing a no less praiseworthy interest, as is also his more humble colleague, the general practitioner. It is gratifying to know that both are anxious to claim some share of the credit for the results of the far-sighted policy of our predecessors, a policy which it is our present privilege to practise and develop. No exception need be taken to these claims or interests, for they will prove a stimulus in the development of the new principle.

My observations will be mainly directed towards ascertaining whether the combined efforts which are now operative are likely to lead to the best result to the State for money expended, and if not, to consider whether there is any outstanding alternative which might be substituted.

#### THE DEVELOPMENT OF MODERN PREVENTIVE MEDICINE.

Let us pause here for a moment and briefly consider the development of preventive medicine. It may safely be asserted that the first precautionary measures taken were in respect of conditions which grossly affected the special senses, *e.g.*, offensive accumulations and objectionable sights. Neglect must have created intolerable conditions in the earliest communities, whilst the care of food, the control of drinking water, the rearing of infants and the general habits of life were based on experience gained through untold ages. Devastating epidemics doubtlessly furnished material for many horrifying tales, and it is reasonable to assume that the recurrence, more than once in a generation, of the same type of disease would result in some observant member of the community profiting by experience gained, and formulating rules based on that experience. Such, no doubt, was the origin of the earlier plague measures. The establishment of settled government would give good opportunity for the development of common action, and as is the case to-day, activity of proved value would be appreciated and either local or legislative action follow. From this might have arisen the recognition of the value of public records, and in this connection we have the Bills of Mortality—records which are of great assistance to the epidemiologist and statistician of to-day in his efforts to unravel the secrets relating both to the former health of the country, and to the degree of knowledge in respect of diseases which prevailed in these earlier days.

Among outstanding progress in more modern times, it is not difficult to appreciate how the rapid and enormous changes in social conditions which followed the development of industrialism during the fourth and fifth decades of the last century accentuated the obvious and glaring inequalities in the conditions under which the different grades of society passed their lives. Official documents and private contributions alike indicate the low value which was placed on the lives of the members of the working classes. The injustice to which the child was submitted and the shameless exploitation of the masses, who received inadequate remuneration for excessive hours of physical toil, resulted in a successful fight to establish the principle that all living persons were at least entitled to that amount of sunshine and fresh air, and of sufficient food and water, which would enable life to be maintained, and to adequate provision for shelter and rest after the day's labours were concluded.

This principle, though established, was for a long time imperfect in practice, and later developments brought about the overthrow of that feudal legacy—the doctrine of the sacred rights of property. Property owners were made to realise that a landlord had a duty to a tenant, as well as a tenant to a landlord, and acceptance of this contention drew attention to the subject of municipal responsibility in respect of the ratepayers of the district which the authority controlled. It is from this point that public health activities as we now know them became the real interest and concern of the State.

#### CARE OF THE INDIVIDUAL—A PROMINENT FEATURE OF MODERN PREVENTIVE MEDICINE.

Benefits resulting from these developments made the later era of applied science fairly easy, and in the last thirty or forty years we have found that scientific discoveries have been acted upon, not always, it must be confessed, with alacrity and without reluctance, but often without the impelling necessity of existing disastrous local conditions. Progress during the last thirty years has been more rapid than in any previous period, and from the care of the community as a whole, the care of the individual now almost dominates the situation. To such an extent has this developed, that the most remarkable proposals submitted in advanced public health programmes seem to give no reason for surprise, and one wonders where it all will cease. As an instance, I may mention that it was suggested at the recent International Conference on Tuberculosis that

“it is surely not too Utopian a counsel that a periodic state census of all persons should be taken, so as to classify them by means of von Pirquet's test into those with open tuberculosis, those with latent infection, and those as yet free from such infection.” An elaboration of this principle then goes on, “such periodic examination of children every six months by tuberculin tests, as advocated by Calmette, would be of great service in detecting the onset of infection, and so leading to a search for and elimination of the cause.” The work entailed by such proposals, as well as the expense incurred, would require extraordinarily favourable results in justification, and even at the best, it can only be advocated if the personal factor and not other pre-disposing causes can be regarded as the chief agent in the spread of tuberculosis. I am not now prepared to discuss such a proposal in relation to its value as a curative measure; I simply submit this blunt criticism if it is regarded as a purely preventive measure.

So we reach present-day conditions, and just as landlordism, municipal negligence and industrial apathy have resulted in the establishment of principles affecting the duties of these sections to the community at large, so now there is slowly evolving from this national care of the individual, the problem of the duty of the individual to all others.

#### EXPLOITATION OF THE INDIVIDUAL.

By this obvious process in the evolution of present day preventive medicine, the individual has come to be a person in whom many are interested. That he has a duty towards others, everybody recognises, but by many, I fear this duty is regarded as a commodity which he has to sell, and which may be purchased by means of bribes, doles, grants and the like, instead of its being accepted as an ingrained religion which a loyal citizen ought to observe, and if loyal citizenship demands observance, neglect should naturally constitute an offence against the community, for which appropriate penalties should be provided. The reward of the politician consequent upon a profession of affection for him has proved too great a temptation, and the result of this affection is to encourage the former frame of mind, since it is perhaps not so acceptable a task to establish the doctrine that duty is a common attribute which should be observed, and not a virtue to be praised. The social reformer often finds in him an outlet for a pent-up desire to be busy, and the medical man, as a consequence of State interference in professional

relationship between doctor and patient, is rapidly coming to regard him as a useful asset. This obviously tends to degrade professional relationship to the level of ordinary commercial undertakings, and interferes thereby with the great tradition of trust and confidence based on real sentiment and affection which in the past made the profession of medicine an example of ideal human relationship. I am not sure, either, whether the Medical Officer of Health is not somewhat interested in the individual otherwise than professionally. It must be a great temptation to increase one's sphere of activity and consequential importance by elaborating schemes which modern policy seems to make so easily possible.

#### POLITICAL OPPORTUNISM AND THE INDIVIDUAL.

The politician also finds preventive medicine, or what passes for it, valuable ground on which to sow the seed from which the harvest of votes will later be garnered. The accounts of the benefits which are to accrue to individual members of the community from his proposals are clothed with attractive catch-phrases and fervid rhetoric. Promises are lightly made which a moment's contemplation would show it was not possible, either for the medical man or the politician, to redeem, and it is a sad reflection for us to think that the work of our predecessors has recently been assessed at a very low value, but we, who know, recognise that it would not be easy to submit an alternative for the real preventive work which is in progress and which has developed so advantageously up to the present time. Political opportunism is a pernicious vice, and particularly so when it is exhibited in connection with what is in foundation an applied science, since it frequently results in failure to develop a well considered policy. Similarly, there is a particular wickedness in political slogans used in the same connection, but in no connection are they praiseworthy since they often rouse false hopes with the inevitable reaction. This risk is not the only objection. These methods are expensive, since temporisations often render sound policy difficult to establish later, particularly by reason of the dislike to demolish a costly edifice already erected, and because subsequent adaptation means an encumbered compromise at the best. Reaction once roused demands remedies to be discovered, sometimes under difficult conditions, but always hurriedly, when a "hang-the-expense" frame of mind dominates the situation.

Notwithstanding these observations, there can be no doubt that many of the schemes which are

in operation to-day are in foundation worthy in the highest degree. The criticism which I submit is not against the objective, but against the manner in which it is sought to give effect to the principle.

#### DIVISION OF PUBLIC HEALTH WORK.

To enable me to develop my subject further, I must ask you to permit me to present a subdivision of preventive medicine as the position appears to me at the present time.

1. The early conception of public health work which was the foundation of the present system, is still the most important element in State medicine so far as it concerns the Medical Officer of Health. Its object always was and still is to reduce human suffering and to prolong human life. If these objects are attained, there must of necessity result greater fitness and a greater measure of general happiness. "The purpose of the science and art of preventive medicine is to apply human knowledge to the prevention of disease." This is Sir George Newman's very apt definition. In the absolute forefront is, and always must be, prevention. No suggestion of treatment entered into the consideration of the workers in this branch of medicine in the early days, and now, as always, if patients require to be cured of a disease which can be considered preventable, the preventive measures adopted are obviously imperfect.

2. The preventive aspect of curative medicine is a principle which is now only just beginning to be recognised. It is increasingly accepted that a patient, when he arrives at the surgery of a medical man with a diseased condition well advanced, has, in a large number of instances, already passed through a stage where early symptoms, could they have been recognised earlier and correctly interpreted, would have indicated the certainty of this particular attack. This leads to the suggestion that the physician, if he is to practice true prevention in curative medicine, must be interested in the patient not only when suffering from a well-defined disease, but in health or apparent health. This is important, for these symptoms are not only such that the patient neglects them, but at the present time the medical man is not in a position accurately to assess their value. It is somewhat on these lines that Sir James Mackenzie, by means of his practitioners' clinic, has opened out a new field of research which promises well, and if these early promises are justified by later knowledge, cure of the sick person will become secondary to the recognition and true interpretation of early symptoms,

probably by means of a system which provides for continuity of supervision. But, even without this specialised knowledge, there exists a vast opportunity for observation and instructional methods open to the general practitioner. If his responsibility is limited to cure, his interest in the homes of those families which are attached to him, either privately or by contract, is intermittent, and depends on the frequency of illness in those homes. It is true that any medical practitioner will give general advice if requested, and often without request, but it is only rarely that, in the homes of the masses, advice is sought otherwise than when illness exists. It is no use suggesting this is a duty of the doctor without arranging that this additional interest is remunerated, for it represents a considerable obligation if performed honestly, and necessitates not only visitation when requested, but a continuing interest in the family, perhaps throughout life, but certainly during the years when the family contains young, growing children. If this could be arranged, each practitioner accepting this work becomes an assistant in true prevention, as well as a worker in the sphere of curative medicine.

In the two sets of circumstances already mentioned, we recognise two totally different spheres of prevention, each with a related ideal, but requiring the skilled practitioners of each to be educated in totally different schools, one as the trained clinician, and the other as the trained administrator, but both skilled in methods of investigation. Both require the same fundamental knowledge, but the expert knowledge tacked on to the fundamentals is entirely different.

The two groups appear to me to require to work on parallel lines. The practitioner in ordinary preventive medicine would observe in the course of his investigations conditions prejudicial to health. His training would indicate the directions in which the physical conditions of persons in that particular area would be affected, and that information would be passed on to curative practitioners. Similarly, the practitioner in curative medicine, in the course of his work, would observe the existence either of early symptoms leading up to disease, or would recognise that a certain class or group of diseases was more prevalent in his area than in others. Such knowledge he would bring to the notice of his public health colleague, with a view to investigations being conducted to solve the riddle of the predisposing factors.

### 3. Preventive medicine based on medical

survey. As an administrative measure, we see this in its most active form in the medical inspection of school children. Defects which are discovered at these examinations are grouped, and a simple classification enables a comparative test to be made. Here we find the health official discovering instances of illness, and in some measure able to establish the fact that such illness is in excess or in numbers which appear to be normal. The local authority, through its health department, conducts these investigations in respect of persons between the ages of five and fourteen. The defects so brought to notice are too often the result of objectionable conditions existing in the homes of the children or in the environment of the homes. I have yet to find a school so insanitary, or means and methods of education so defective that the physical defects resulting from these deficiencies can be regarded as other than minor contributing agents, compared with what results from the home conditions of the scholars. In some instances, permanent disability has already resulted, in others cure is possible. It is a recognised fact that these physical defects among children are regarded with less concern by many parents than a similar degree of illness in the adult who can look after himself, and on whose fitness depends the income of the family. It is obviously, therefore, not reasonable to undertake such an extensive survey without arranging for treatment. This treatment should, however, be within the province of the general practitioner, but in present circumstances, *his* interest depends upon a request made by the parent. This request is all too rarely forthcoming, and as a consequence recommendations for treatment are disregarded. It seems almost despair, that is despair of getting anything done, which forces the local authority to undertake treatment, and apologetically, in its schemes, to introduce a provision requiring payment for services rendered, a provision which is practically never enforced.

Here, then, in the case of school children, considerable activity is displayed by the local authority, but no effective remedial measures can be expected unless the authority makes the necessary provision for treatment, and by doing so enters into competition with general practitioners. True, that if the parents are too poor the Poor Law exists, but in the case of the general run of ailments of children, parents will not seek the aid of the Poor Law. The sanitary authority, by its action, is thus made also to compete with that body.

Time, energy and money expended on treatment which simply benefits the individual is far less profitable than expenditure on schemes designed to prevent illness, and with respect to school children, there is a minimum of early preventive energy displayed after we have given credit for the survey. In the absence of adequate preventive energy, it will follow that individual children will be discovered each year, who will benefit by the treatment which the local authority provides, but until the sounder supervisory methods by general practitioners, which should be a continuing process, are adopted, each year will continue to produce a corresponding crop of children to be treated.

4. This, the final group, consists of patients who are treated for the conditions from which they are suffering, less in their own interests than in the interests of the community. In other words, it is assumed to be treatment given with preventive object. Perhaps the best illustration, and the one with the soundest basis for its existence, is that of venereal disease, but again I fail to see why the treatment of venereal disease should not be undertaken by an organisation linked up with curative medicine as a whole. Information obtained from such a clinic could be furnished to the health department, leaving that department to perform its real preventive function, such, for example, as undertaking work consequent upon the notification of the disease. I know that this is a controversial point, and I do not intend here to consider the arguments.

In addition to these four divisions, there is one method of prevention common to all, and this is education. The public health authority is coming to use this work more extensively, and few will now disagree with the contention that education such as is given at Maternity and Child Welfare Centres is contributing in no inconsiderable amount to the improvement in public health which is taking place to-day. The practitioner possesses equal opportunities for educating the public, though, as I have already suggested, he cannot give full scope to this aspect of his work unless families in the younger days are his continuing care in health as well as disease. In schools, education is becoming of increasing importance in the curriculum, but we have a long way to travel before an ideal programme can be expected. In the case of venereal disease, education may be looked upon as receiving well merited attention.

The illustrations mentioned, crudely as they are expressed, illustrate, in my opinion, the

present confusion between the preventive and other branches of medicine, and the probability of a greater mix-up resulting unless some change takes place. It all tends to a display of antagonism which will prove to be detrimental to both branches of the profession. The suggestion that curative and preventive medicine cannot be divorced or that they have the same objects can be interpreted in a manner which is too extreme, and perhaps it is this extreme interpretation which causes local authorities to undertake treatment schemes of all kinds, and similarly the same idea, contributing as it does to the justification of State schemes for treatment, conveys to many practitioners of medicine the impression that they are really practising preventive medicine, and that they themselves are competent, without adequate training, to express definite and forcible opinions on refinements of public health policy and administration. Probably, also, the opposite view holds good that many public health officials are assuming expert knowledge in clinical medicine which can only be justified in exceptional instances. It is useless to protest against the contentions of either, but that this state of affairs exists, and that misunderstandings are being created which will eventually interfere with progress if allowed to continue, most will agree.

#### STATE ORGANISATION CONNECTED WITH NATIONAL HEALTH.

It is recognised that there are three great organisations now concerned with national health, either in the way of cure or prevention. The Poor Law Authority, which has been subjected to much criticism in recent years, still continues to administer, more or less efficiently, for the wants of those who cannot afford to pay for medical treatment. This organisation is practically entirely concerned with "cure." The remaining two, the Local Sanitary Authority and the National Health Insurance organisation, in different degrees are concerned with both branches of medicine. I have briefly referred to the position of the Local Sanitary Authority. The most direct preventive aspect of the National Health Insurance Act is an important one, and of a character likely to prove irritating and objectionable if not used with circumspection, inasmuch as it gives to the National Insurance Commissioners or any approved society or insurance committee, the right to complain that either the local authority or individual or person concerned has been negligent in enforcing the conditions of the Act relating to the health of

workers in factories, workshops, mines, quarries or other industries, or relating to public health, housing of the working classes, or any regulations made under any such order to enforce or observe any public health precautions, with results which operate to their disadvantage, to claim what amounts to compensation for such neglect. This provision, to my knowledge, has, and I think fortunately, never been acted upon. Supervisory control over local authorities and employers should only be vested in the central authority.

The maternity benefit which is administered by the Insurance Act may be looked upon as a dole to assist families under trying conditions, but certainly, whatever its intention, it could be made a valuable preventive asset if administered by the local authority.

The treatment of tuberculosis has received special attention, and apparently specialisation was considered justified on preventive grounds, for an organisation intended to benefit the non-insured members of the community was developed on related lines. I have still to be convinced that money spent on treatment of tuberculosis is worth while on preventive grounds. I do not presume to judge of its value for curative work, but I am unable to see the necessity for detaching tuberculous conditions from schemes which provide for medical treatment in general, or for regarding such treatment as an essential factor in public health administration.

At the present time, the attitude of the central authority towards this disease has undergone somewhat of a change, and we find that the insurance practitioner is required to undertake treatment of the tuberculous insured person just to the same extent as would be necessary for any other ailment, and that the central dispensary is coming to be regarded more as a consultation centre and a general clearing house. Perhaps this more closely approximates the function of a dispensary in public health work, but even with this change I am not sure that it would not be better to regard it as a feature of a curative scheme.

#### NATIONAL MEDICAL TREATMENT.

The remainder of the provisions of this Act refer to medical treatment. This treatment is of a preferential kind, since it is limited not only to certain classes of workers from the age of 16 until they cease work, but also to such treatment as may be expected of a general practitioner of "ordinary professional competence and skill." If the condition of the patient is such as to require services in excess of this standard, the practi-

tioner must advise the patient as to the steps which should be taken in order to obtain such treatment as his condition requires, or where provision is made for such in or for the authority in which notice has been given by the committee to the practitioner, take such other steps as may be reasonably necessary in order that the patient may derive full advantage from the provision of such services.

It is clear from this that treatment contracted for by the State is of too restricted a character, since it leaves the more skilled and technical provision, both of surgery and medicine, in an unsatisfactory position. If the local authority has made arrangements, then the patient is encouraged to fall back on this, and probably what was in the minds of the framers of the regulations was State-aided treatment for tuberculosis and venereal disease.

It is difficult to see how, on this basis, a medical man is encouraged to undertake preventive work. He is paid to cure illness which has developed, and he limits his activities to that work, and then only among a selected portion of the community. Much of his time is taken up in curing or alleviating conditions which are often preventable, and no encouragement, other than personal enthusiasm, to interest himself in preventive work exists. Otherwise than at the selected ages, the position is left pretty much in the position it was before the passing of the Act. The age for medical benefit is one for which, except in the mass, the local authority does little. That in brief, then, is the present position.

One could enter into a discussion on whether it is desirable that a non-elected body should control an organisation which is supported by contributions from rate and taxpayers, and I do not think it would be difficult to support the contention that medical treatment is a thing apart from those monetary benefits which are paid in cases of invalidity or unemployment, or that it would be better to arrange for supervision and control of a medical service by representatives elected by the people who pay and who are direct beneficiaries, and by the profession who perform the work.

#### ADMINISTRATIVE RELATIONSHIP BETWEEN CURATIVE AND PREVENTIVE MEDICINE.

I have already referred to the position of the local authority in connection with the medical inspection of school children, and emphasised the fact that the authority is forced to give treatment to enable some advantage to be obtained from the expenditure already incurred on medical

services. Other similar work can be brought under review, but the above is enough for my present purpose, which is to emphasise the following position. The local authority undertakes general preventive work. It attempts to improve the conditions of life affecting the whole community. It undertakes special services, chiefly at the lower ages, namely, in infancy, and from five to fourteen years. At these ages, only inadequate provision exists for continued medical supervision and education in health matters at home. The local authority does its best by means of schools for mothers and health visitors, and by providing certain treatment for those discovered to be in need of it. Medical treatment is contracted for, for a class which does not return the best value for work done. Medical treatment of young children remains in a neglected, or at least unsatisfactory position, because the State offers no direct aid, and so long as this deficiency exists the curative efforts of the local authority may be likened to trying to fill a bucket with holes in it; it may be filled if there is a large enough inflow, but cessation of this inflow soon empties the bucket. Treatment which is provided to-day is differential and limited to selected classes. It is also limited in character. The contract under which this treatment is provided does not encourage the practitioner in the view that he should take an interest in the patient in health, as well as in illness. The treatment of the indigent poor is where it has been for years.

These disconnected efforts result from the recognition of the value of systematic medical surveys, and the value of providing treatment to encourage those who are unfortunately sick to seek assistance before the disease is too far advanced, but there does not appear to be sufficient appreciation of the fact that both schemes are expensive, and that, if limitations are necessary on that account, the foundation should be one which ensures a satisfactory working arrangement between the two.

#### NECESSARY ADDITION TO, OR CHANGE IN THE NATIONAL SCHEME OF TREATMENT.

Now what is the remedy? Two organisations are necessary, the one with cure, continuous supervision and home education as its main functions, and the other the present public health department continuing to develop its schemes of prevention. The first of these could be developed by an extension of the benefits of the National Insurance Act to all members of the families of insured persons. It is probably useless expecting any such extension in the present state of national

finance, and if such be the case I would, as a medical officer of health, prefer to cancel existing arrangements and leave the present insured class to make their own arrangements with the medical profession. Existing contributions by this class could still be used for invalidity and other benefits, but the money saved on present medical benefit I would like to see used to develop an organisation in which the first concern would be continuous supervision of and free treatment for families, say up to the age of ten or even fourteen years. This same organisation might well undertake the specialist work of the local authorities and the higher medical and surgical work suggested by the Dawson report. It is a rational basis for the provision of free treatment, and one with which the activities of the local health authority could be best and more advantageously co-related.

Unless some more definite arrangement is rendered operative than is the case to-day, the two branches of medicine will work without any co-ordination, and distinctly in competition. The local authority will continue to develop specialised forms of treatment, creating as it proceeds new groups of young expert officials without much hope of a real career open to them. Medical practitioners, on their side, and in direct proportion to the amount of expert treatment provided by the local authority, will lose in experience and become a less efficient body.

It is only by co-operation and the development of a rational scheme capable of progressive growth, that the community and the profession will benefit.

#### CONCLUSION.

This brings me to the main object of these observations. The criticisms may be sound and the proposals practicable, or they may be the reverse; my purpose will be served if I have satisfactorily demonstrated that developments are in progress which require the closest co-operation between both branches of the profession if a satisfactory progressive evolution is to be attained. Up to a few years ago, there was a clear-cut line of demarcation between the two, and we, as medical officers of health, concerned ourselves mainly with work in which the general body of practitioners took only passing interest. As a consequence, we became a detached body, and to a very great extent we are so to-day. This detachment and spirit of aloofness ought no longer to exist. Developments are such that we are not the only persons interested in legislative enactments dealing with national health, and it

is our duty now, at least, so I conceive it to be, to form an alliance with the practitioners of curative medicine. We must keep in close relationship and fearlessly and honestly discuss with them the situation and all possible developments, not only from our point of view, but from theirs. We shall become educated in their aims, and they in our objects, and I would even go so far as to suggest that the time has now arrived when some representative practitioner of medicine should be invited to join our Council, but whatever means we adopt, we should lay ourselves out to ensure that frequent interchange of opinion takes place. By this means only can we hope to frame a policy for the future development of preventive medicine, which will be sound both in principle and administrative possibilities, and which will give everybody concerned the freest scope for the exercise and practice of their special skill and knowledge.

#### THE PUBLIC HEALTH SERVICES IN RELATION TO THE GENERAL PRACTITIONER.

BY

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An address delivered before the West of  
England Branch of the Society of Medical  
Officers of Health at Winsley, Sept. 21st,  
1921.

I welcome this opportunity of discussing with you the relation of the general practitioner to the public medical service, because I am convinced that only by frequent and friendly conferences between the various sections of medical service will a satisfactory scheme be evolved.

Nothing in the past has tended so much to interfere with the development of the medical service as the want of association of practically every section of medicine. Hitherto, each has worked in a more or less watertight compartment, and is rather jealous of any leakage from its own enclosure.

Preventive medicine has been separated from curative, and the various departments of curative medicine have worked the one independent of the other, the hospital apart from the general practitioner, the big hospital apart from the cottage hospital, the special hospital apart from the general hospital, and so on.

There is an interdependence, but it is neither recognised nor developed.

The dissociation of various sections of medical practice is no doubt largely the natural result on the one hand of the individuality of the medical practitioner, and on the other hand of the prevailing want of apprehension of the fact that the interest of the individual is the same as the interest of the community.

When public health authorities undertook not only the supervision of drainage, water supply and housing, but the notification and isolation and consequent treatment of cases of infectious disease, they came into such immediate personal contact with the family doctor, and so obviously interfered with his work, that he, resenting their intrusion, came to look on the medical officer of health as a sort of opponent, this cause was rather increased by the fact that much of the public health work was done by part-time medical officers, often practising as rivals to the men whose patients they had to deal with, though I have no doubt that in the vast majority of cases these officers acted with tact and fairness, there certainly were occasions when a little want of consideration on one side or the other gave rise to discords which rankled and spread to an extent out of all proportion to the cause.

And when of recent years treatment by public authorities came to be given not only to infectious cases which the practitioner was glad to be rid of, and which it was obvious could not properly be left in their homes, when treatment was extended to school children, persons suffering from venereal disease and tuberculosis, and those attending maternity and child welfare clinics, then the general practitioner became seriously alarmed, irritated with, and suspicious of, not the medical officer, but the public health authority.

Thanks to the tact of medical officers of health, the clinician's common-sense and appreciation of the need of community, both sides are now realising that they are as essential to one another as are the navy and the army to one another, that they are the fighting force of the community in its battle for health.

Can we any longer talk of preventive medicine and curative medicine as separate services, there is a definite service dealing with administration, but beyond this, where does one end and the other begin—can you define separate spheres of work for them?