

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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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?

Public health service deals with infectious diseases, including tubercular and venereal, the diseases of school children, of pregnant lying-in women, and of their infants, and cases of early mental disease.

If the service is to be truly preventive in the sense that it shall deal with every factor that may prevent the occurrence or aggravation of disease or disability, it must consider and possibly control, not only the environment of the people at home and at work, but their food supplies; it must prevent or treat not only the diseases I have already mentioned, but those most disabling diseases: influenza, dental disease in adults as well as in school children, disorders of digestion, affections of the heart, in fact, all preventable conditions that cause disability; it must also take an active part in that research work which is so essential to progress in medicine.

I mention this to show how closely related already is, and still more must be, the prevention of disease with the work of the general practitioner; in fact, we may fairly say that all medicine is in a sense preventive, admitting that, we admit that every practising medical man is, in fact, in the public health service.

How obvious, then, is the need for co-operation between the official public service and the family doctor.

So unmistakable is it, that in such a meeting as this no further argument is required in support of the statement.

But can it be said that under the present arrangements the State gets the best and fullest value out of the general practitioner?

Consider his knowledge of the history of disease in his individual patients, in their families and in the community in which he practises; his acquaintance with his patients' surroundings at home and at work, their conditions of life, their habits, his experience of the manner in which, and extent to which, these things influence them in health, in disease and under treatment.

No official can ever have the same intimate knowledge of the life history of the patient, the same opportunity to detect disease in its earliest stages, or, and this is even more important, the tendency to disease.

Surely there must be some means by which this unlimited supply of invaluable information can be used in the interest of the community more effectively than it is at present.

Now, the report of the Consultative Council is essentially an endeavour to link up all the

medical services and to provide that the general practitioner shall occupy in the public medical service, to a much greater degree than hitherto, that important position which his work and experience justify.

The scheme there propounded was surely not intended to be followed letter by letter; in fact, no one scheme can be everywhere practicable, its object is, I take it, to point out the need for method, for organisation and evenly balanced distribution of work.

It cannot be more than a broad outline of a plan which should develop and adapt itself as time goes on; to attempt more than this would probably be to restrict development in its fullest and best form. In times such as we are now passing through it is not possible to build the whole house at once, but we can plan it so that we may add to it from time to time as need and opportunity occur.

The communal clinic is the debatable meeting-place of the general practitioner and the medical officer, and the point we have to consider first is not how the service can be arranged to enable the practitioner to take part in it, but whether it is essential for its greatest efficiency that he should so do.

Few will question the need for the continued existence of the general practitioner, the more efficient he is the more valuable he must be to the public. Picture the world without him. But if you take from him the opportunity to diagnose and treat all the diseases and conditions that already are or are likely to be diagnosed and treated at your clinics, it is evident that you seriously restrict his experience, his knowledge, his skill, and his usefulness. You almost annihilate him.

Again, while the patient at the clinic may require the expert special opinion, he equally requires the expert general opinion.

The public are rather inclined to confuse specialist with consultant, and I think that there is, in the public service, a rather indiscriminate tendency to specialism. The tendency to say, "Here is a specialist, all cases in his line must be under him," whereas the procedure should be, "We have provided a specialist, consult him whenever you think fit."

In regard to the competence of a medical man to undertake what is called special work, it is frequently forgotten that in many cases what was specialist practice yesterday is general to-day, in fact, were this not the case the pioneer work of the specialist would lose much of its value.

We hear of the mistakes and oversights of the private practitioner that are discovered at the clinics, but the family doctor sees mistakes and oversights that occur there too. They are probably no greater in one than the other; they are inevitable in all practice.

But if only the work of the two could be combined how much less likely would be the occurrence of these mistakes.

Which is easier, to graft the general experience of the private practitioner on to the expert or to educate the practitioner in the work of the specialist?

However, cannot both practitioners be used, the general practitioner who has specialised in some degree carrying on the work of the clinic, with the assistance, when necessary, of the expert?

If all persons were insured every doctor's surgery might be a clinic, the communal clinic being used for consultative purposes, and for treatment that could be better and more expeditiously done there.

As the clinic system extends, the greater the need for efficiency, the greater the need for every sort of assistance, the greater the need for the general practitioner, with his special experience and opportunities. In fact, every extension of the system magnifies the impossibility of dissociating the domiciliary and consulting room work of the practitioner from that of the clinic.

When the medical man can follow through the cases that he cannot properly deal with in their homes or his consulting room, to the clinic or hospital, with their better facilities for diagnosis or treatment, and for consultation when necessary with other general practitioners or specialists; when he can do this, how much more keen must he become, how much more useful to the nation as well as to his profession.

He will come to have a different conception of his private practice as he realises, as he will if he has the chance, that it is all part of the great service that medicine has from all time endeavoured to give the world, though its efforts have too often been hampered for want of method and opportunity.

If the need and advantage of the assistance of the general practitioner is admitted the medical officer of health will not rest until he has found the means of using it.

In the actual arrangement and conduct of this there will no doubt be difficulties, but we

consult you, the experts and specialists in administration, believing that in consultation only can then difficulties be overcome.

But so important is an alliance with the general practitioner that to secure it treatment must be radical, if other means do not suffice; it might even be necessary to remodel the whole system of clinics.

There is already by the force of circumstances a constant convergence of various sections of medicine, the centrifugal forces are weakening, the centripetal are increasing. Yet we cannot shut our eyes to dangers that are incidental to the process, to recognise them is to avoid them.

The medical man is fearful of losing his professional independence, of which he is for many reasons, and I think rightly, very jealous.

But I am sure that he recognises that in a society so complex and interdependent as ours, there must be limits to individual liberty, and is anxious to discover some means by which he can combine his freedom of thought and method with that intimate and hearty co-operation between all departments of medicine, which is necessary for a complete and efficient service.

It must be remembered that in indiscriminate consultation there lurks a risk of the loss of that sense of responsibility which weakens instead of strengthening individuality, capability, and knowledge.

I appeal to you to do all in your power to enlist the services and sympathy of every practitioner. With every extension of the Insurance principle prevention becomes increasingly (his lowest) his pecuniary interest, with every fresh scientific acquisition, with every new opportunity for the better practise of his art, it becomes his highest inspiration.

THE WASSERMANN REACTION—ITS VALUE AND LIMITATIONS.

BY

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The numerous articles and correspondence that have taken place in nearly every medical journal during the last three years on the subject of the reliability of the Wassermann Reaction makes it quite clear that this test is not in any way pathognomonic, and that it is liable to lead practitioners into very serious error if they do not know its limitations.